

Bundle Trust Board (Open Session) 26 June 2025

Agenda attachments

- ITEM 00 TB Extraordinary Agenda 26 June 2025 – Open
- 0 11:30 – OPENING ITEMS
- 1 Chair's Welcome, Apols and Quorum
- 2 Declarations of Interest
 - ITEM 02 Board Member Register of Interests – Updated 26 March 2025
- 2.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 3 11:33 – 2024–25 Annual Accounts and Annual Report
 - 3.1 2024–25 Annual Audited Accounts and 2024 –25 Annual Report*
 - 3.2 Audit Report, 2024–25 Accounts (Inc. Letter of Representation)*
 - ITEM 03 2024–25 Annual Report and Annual Accounts – TB 26 June 2025
 - ITEM 03.1 Final Annual Report and Accounts 2024–25 for TB Unsigned 260525
 - ITEM 03.2 WAST Audit of Accounts Report 2024–25
- 4 Duty of Quality Annual Report 2024/25
 - ITEM 04 Executive Summary Duty of Quality Annual Report 2024–25
 - ITEM 04.1 ANNEX 2 – Duty of Quality Annual Report 2024–2025
 - ITEM 04.2 ANNEX 3 The Duty of Quality Statutory Guidance 2023 & Quality Standards 2023 (3) (1) (T)
 - ITEM 04.3 ANNEX 4 Annual Quality Reports Review 2023/24 (1) (1)
- 4.1 CLOSING ITEMS
- 5 11:43 – Reflections and Summary of Decisions/Actions
- 6 Any Other Business
- 7 Date & Time of the Next Meeting: 31 July 2025

Length of Meeting:	00:15	Agenda Status:	[OPEN] EXTRAORDINARY TRUST BOARD (ANNUAL ACCOUNTS AND ANNUAL REPORT) - 26 JUNE 2025					Deadline for Papers:	17 June 2025
Time	Mins allotted	Agendum	Title	Format	Item for	Item requested by	Paper prepared by	Item presented by	Colleagues to cc
OPENING ITEMS									
11:30	00:03	1	Chair's Welcome, Apols and Quorum	Verbal	Information	Standing	n/a	Chair	n/a
		2	Declarations of Interest	Verbal	To State Conflicts	Standing	n/a	Chair	n/a
FOR APPROVAL, ASSURANCE AND DISCUSSION									
11:33	00:10	3	2024-25 Annual Accounts and Annual Report 3.1 2024-25 Annual Audited Accounts 3.2 2024-25 Annual Report 3.3 Audit Report, 2024-25 Accounts (Inc. Letter of Representation)	Paper	Approval	CoB	FinCor	Chris Turley Trish Mills	Alex Payne Ed Roberts
		4	2024-25 Duty of Quality Annual Report	Paper	Approval	CoB	Quality	Liam Williams	Kate Blackmore
CLOSING ITEMS									
11:43	00:02	5	Reflections and Summary of Decisions/Actions	Verbal	Discussion	Standing	n/a	Chair	n/a
		6	Any Other Business	Verbal	Discussion	Standing	n/a	Chair	n/a
		7	Date & Time of the Next Meeting: 31 July 2025	Verbal	Information	Standing	n/a	Chair	n/a
11:45	00:15	CLOSE							

LEAD PRESENTERS

Name	Position
Colin Dennis	Chair of the Board
Trish Mills	Director of Corporate Governance/Board Secretary
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1995		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	Executive Director of Operations	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board – National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Interim Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member – Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair – Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015
Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships			29 August 2017		
Company Director - Citizen Treasury Vehicle Ltd	Directorships			04 September 2017		
Chair - North Devon Homes	Position in Charity or Voluntary Organisation			01 October 2021		
Company Director - North Devon Homes	Directorships			01 April 2022		
Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation			26 March 2024		
Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships			26 March 2024		
Company Director - Green Square Estates Ltd [8719365]	Directorships			26 March 2024		
Managing Director (Employed) at My Choice Healthcare Limited.	Any Other Interest			01 June 2019		
Non-Executive Board Member at RHA (Social Housing Organisation – Community Benefit Society)	Position in Charity or Voluntary Organisation			01 November 2019		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncomel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	Chief Executive	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
		Nil Declaration				
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		



AGENDA ITEM No	3
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

2024/25 ANNUAL REPORT AND ANNUAL ACCOUNTS

MEETING	Trust Board
DATE	26 June 2025
EXECUTIVE	Executive Director of Finance & Corporate Resources Director of Corporate Governance/Board Secretary
AUTHOR	Jessica Price, Head of Financial Accounting Alex Payne, Corporate Governance Manager
CONTACT	Chris Turley chris.turley2@wales.nhs.uk Trish Mills trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust submitted both its unaudited draft Annual Report and draft Annual Accounts 2024/25 to the Welsh Government, in line with the agreed timetable.
2. The accounts for the year ended 31 March 2025 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.
3. The Annual Report complies with Welsh Government reporting requirements. Comments from both Audit Wales and Welsh Government, following submission of the draft Report in May 2025 have been incorporated into the final Report. The feedback and queries were minimal and resulted in minor adjustments to the narrative.
4. Both documents have subsequently been scrutinised and audited by the Audit Wales (AW) team and, where required, amended by the Trust. Adjustments between draft and final documents did not result in a change to the retained surplus position.



5. Both documents were presented to Audit, Risk and Assurance Committee on 24 June 2025 where the Committee recommended both for Trust Board approval. Since then, they have been combined into one unified document – Annual Report and Annual Accounts 2024/25 at **Annex 1**.
6. **RECOMMENDED:**
 - a. **The Trust’s Annual Report and Annual Accounts for 2024/25 be adopted and approved by the Trust Board;**
 - b. **The Trust’s Letter of Representation is accepted and approved.**

KEY ISSUES/IMPLICATIONS

7. The final audited accounts (**Annex 1 Part 3**) as presented demonstrate that the Trust has:
 - a. Reported a retained surplus of £0.070 million for the year being reported as the financial duty;
 - b. Met its financial duty to break even over the 3 years 2022/2023 to 2024/2025;
 - c. Expended Capital Investment funds of £20.321 million, thereby utilising 100% of the Trust’s Capital Expenditure Limit;
 - d. Achieved Public Sector Payments Policy (PSPP) of 97.7% within 30 days against the 95% target.
8. The requirement to achieve the administrative External Financing Target was again suspended for 2024/25.
9. The Annual Report includes the Performance Report (**Annex 1, Part 1**) and the Accountability Report (**Annex 1, Part 2**). Both have been developed in accordance with the NHS Wales 2024/25 Manual for Accounts.
10. The Accountability Report includes the Statement of Directors’ responsibilities in respect of the Accounts (page 111) which will be signed by order of the Board by the Chair, Chief Executive and Executive Director of Finance and Corporate Resources.
11. Welsh language translation of the Annual Report and the foreword section of the Accounts is in progress and will be finalised once the Annual Report and Accounts have been approved by the Board.



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REPORT APPROVAL ROUTE

12. An update on the financial performance of the Trust as at Month 12 2024/25 and therefore the draft 2024/25 year end position (subject to audit) was provided to both the Finance & Performance Committee on 20 May 2025 and Trust Board on 29 May 2025.
13. The draft annual report with the draft remuneration table was circulated to the Board for comment before submission to Welsh Government and Audit Wales. A further review of the Annual Report was undertaken by the Executive Leadership Team via email circulation w/c 09 June 2025.
14. Welsh Government and AW have received and commented on the draft Annual Report and Annual Accounts and their comments have been addressed and responded to. In addition, a full financial audit of the Annual Accounts has been undertaken by the AW team.
15. The Annual Report and Annual Accounts were presented to Audit, Risk and Assurance Committee on 24 June 2025, where they were recommended for Trust Board approval.
16. The final approved and audited Annual Report and Annual Accounts are due to be submitted to Welsh Government by 30 June 2025 as a single unified document in line with the agreed timetable.

REPORT APPENDICES

Annex 1 – 2024/25 Annual Report and Annual Accounts;
Annex 2 – Audit Wales Audit of Accounts Report;
Annex 3 – Final Letter of representation from Management (included within the Audit Wales Report)



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REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	NA	Financial Implications	Y
Environmental/Sustainability	NA	Legal Implications	Y
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
TRUST BOARD
2024/25 ANNUAL REPORT AND ANNUAL ACCOUNTS

SITUATION

17. The Trust submitted its unaudited 2024/25 Draft Accounts on 02 May 2025 and its Draft Annual Report for the financial year 2024/25 on 09 May 2025 to the Welsh Government, in line with the agreed timetable.

BACKGROUND

18. The Annual Report, which consists of Part 1 - Performance Report and Part 2 – Accountability Report, have been prepared in accordance with the NHS Wales 2024/25 Manual for Accounts Chapter 3.
19. A Task and Finish Group was established for the development of the Annual Report. The Group coordinated contributions to the Annual Report from across the Trust and will submit its closing report to the Assistant Directors' Leadership Team for receipt in August. It is anticipated that the Group will be re-established for the 2025-26 Annual Report production.
20. The accounts for the year ended 31 March 2025 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the *European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

**Please note that following the withdrawal of the UK from the European Union this position is unchanged.*



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ASSESSMENT

21. The Final Audited Accounts (**Annex 1, Part 3**) as presented demonstrate that the Trust has:

- a) As per the draft accounts, continued to report a retained surplus of £0.070 million for the year being reported as the financial duty;
- b)
 - Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).
 - The Trust is required to achieve financial breakeven over a rolling 3 year period.
 - Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.
 - The Trust is therefore deemed to have met its financial duty to break even over the 3 years 2022/23 to 2024/25 as shown below.

<u>Annual Financial Performance</u>				2022-23 to 2024-25
	2022-23 £000	2023-24 £000	2024-25 £000	Financial duty £000
Retained surplus	62	85	70	217
Less Donated asset / grant funded revenue adjustment	0	0	0	0
Adjusted surplus/ (Deficit)	62	85	70	217

- c) External Financing Limit (EFL); the requirement to achieve the administrative External Financing Target has again been suspended for 2024/25.
- d) Expended Capital Investment funds of £20.321 million, thereby utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit; and
- e) Achieved Public Sector Payments Policy (PSPP) of 97.7% within 30 days, against the 95% target.

22. To aid discussion and understanding it is also planned that some of the key financial values within the accounts will be presented to the Board, along with explanations for any of the key movements from the previous financial year.
23. Following submission of the draft Annual Report to Audit Wales and Welsh Government on 10 May, comments were provided relating to the both the Performance Report and Accountability Report which have been addressed.
24. The draft accounts have subsequently been audited by the Audit Wales (AW) team and, where required, amended by the Trust. Adjustments between draft and final accounts were largely presentational in nature, or impacted only on a small number of the disclosures or notes to the accounts and did not result in a change to the retained surplus or the net assets of the Trust, all of which remain as per the draft accounts.
25. A final draft of the accounts was presented to Audit, Risk and Assurance Committee on 24 June 2025 and no further adjustment is expected.
26. The financial statements are free of material misstatements and there are a small number of corrected misstatements. The corrected misstatements have already been reflected in the accounts and all misstatements are reported within the auditors ISA 260 report. None of the corrected misstatements affect the disclosed surplus of £0.070 million.
27. AW have provided a report that indicates that it is the intention of the Auditor General for Wales to issue an unqualified certificate and report on the 2024/25 financial statements, citing that they provide a true and fair view of the Trust's finances in the 2024/25 financial year. For completeness this report is provided at **Annex 2**.
28. The Annual Report is part of a suite of documents that provides information about the Trust. In accordance with the NHS Wales 2024/25 Manual for Accounts and HM Treasury's Financial Reporting Manual, the Annual Report for 2024/25 includes:
 - a. **Part 1: Performance Report** which details how the Trust performed in the year. There are key quality themes included within the Performance Report narrative, as well as a separate Quality Governance statement within the Accountability Report. In line with the requirement to prepare a formal Duty of Quality Annual Report for 2023-24, the Trust has prepared a Report for the 2024-25 year which is before the Trust Board for approval separately.



- b. **Part 2: Accountability Report** which details the key accountability requirements, and our Governance Statement provides information about how the Trust manages and controls resources and risks and complies with governance arrangements. It includes the Corporate Governance Report (including the Governance Statement), the Remuneration and Staff Report, and the Parliamentary Accountability and Audit Report.
29. The Accountability Report includes the Statement of Directors' responsibilities in respect of the Accounts (page 111) which will be signed by order of the Board by the Chair, Chief Executive and Executive Director of Finance and Corporate Resources. The Remuneration Table (pages 176-179) has been reviewed by Remuneration Committee members and the Executive Leadership Team.
30. The Annual Report and 'foreword section of the Accounts are in the process of being translated for presentation at the Annual General Meeting on the 31 July 2025. The full financial accounts will not be translated. This is due to the complexity of the document where translation of complex excel workbooks poses risk of errors and a significant workload from the finance and audit teams.
31. The Welsh Government Manual for Accounts 2024-25 requires the Trust to submit as a single PDF document a three-part Annual Report and Financial Accounts. For this submission, the document attached will be entitled Annual Report and Financial Accounts 2024-25 and include the Financial Statements as 'Part 3'. This is required to be submitted to Welsh Government by 30 June 2025.
32. Planning for the 2025-26 Annual Report will start earlier this year to reduce the content of both Part 1 and Part 2. This will involve coordinating efforts for the IMTP 'state of the nation', the Duty of Quality report, and the end-of-year JET presentation, and the use of AI to improve efficiency.
33. Following Trust Board approval, the final approved and audited Annual Report and Annual Accounts will be submitted to Welsh Government by 30 June 2025 as one single unified document in line with the agreed timetable.
34. Attached as **Annex 3** (included within the AW report) is the Trust's final Letter of Representation, this is provided by management to AW in connection with their audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of the Trust for the year ended 31 March 2025 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.



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RECOMMENDATION

35.

- a. **The Trust's Annual Report and Annual Accounts for 2024/25 be adopted and approved by the Trust Board;**
- b. **The Trust's Letter of Representation is accepted and approved.**



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Annual Report and Accounts 2024/25

INTRODUCTION

This Annual Report is part of a suite of documents that provides information about the Welsh Ambulance Services University NHS Trust (the Trust). It will provide the reader with information on our services, the care we provide and what we do to plan, deliver, and improve those services. In addition, it will provide the reader with detail on the Trust's performance and how we responded to changing demands and challenges in 2024/25.

In accordance with the NHS Wales 2024/25 Manual for Accounts and HM Treasury's Financial Reporting Manual, our Annual Report for 2024/25 includes: -

Part 1: Performance Report which details how the Trust performed in the year and how we adapted and responded to the system pressures currently impacting our patients and our people.

Part 2: Accountability Report which details the key accountability requirements and our Governance Statement, which provides information about how the Trust manages and controls resources and risks and complies with governance arrangements.

Part 3 Financial Statements which detail how the Trust has spent its money and met its obligations. These accounts for the period ended 31 March 2025 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulances Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

For 2024/25, a separate Duty of Quality Report has been prepared and the disclosures required in line with the Duty of Candour reporting will be included in the Annual Putting Things Right Report for 2024/25 (which will be published in late 2025 and reported via the Trust's corporate governance structures).

Whilst acronyms are explained in full when they are first used, a glossary is included on page 8 for ease of reference. If you require a version of the Annual Report in printed form, please contact the Director of Corporate Governance / Board Secretary at Trish.Mills@wales.nhs.uk.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh. The Welsh Language version of the 2024/25 Annual Report will be available on the Trust's '[Publications](#)' page after the 2025 Annual General Meeting has been held.

WELCOME MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE OFFICER

Welcome to the Welsh Ambulance Services University NHS Trust Annual Report for 2024/25. We hope that this document is helpful in reflecting on the year, both challenges and changes, as well as providing an opportunity to look ahead at the year to come.

The NHS is very much a “people business”, and that is certainly true of the ambulance service, which is nothing without the exceptional people we employ and who volunteer for us, in a multiplicity of patient facing and support roles, without whom the organisation would be unable to function.

It is true to say that everyone plays a huge part in delivering the best we possibly can for our patients, regardless of their role. As ever, 2024/25 has not been without its challenges and it is testament to our people that we have been able to deliver so much in the face of unrelenting demand, pressures at the front door of emergency departments and new ways of working, which take time and resilience to adjust to.

This year, we have focused heavily on working with our partners across NHS Wales and with government on really getting underneath what needs to change in order for patients to be better served by the ambulance service, whether that be in terms of face to face or remote care.

An astonishing amount of work was undertaken by staff across our organisation to develop a new system to support our 111 service early on in the year, which went from design to implementation in six months. Similarly, a huge amount of work has gone into both testing new approaches to support patients, particularly over the winter period, which will now inform the future development of our clinical model.

In the autumn of 2024, the Cabinet Secretary for Health and Social Care announced a review of our long-standing “RED” target, following recommendations made by the Senedd’s Health and Social Care Committee.

This involved the establishment of a task and finish group to review the clinical appropriateness of the target, resulting in an announcement in March 2025 that, with effect from July 1, 2025, a new performance framework will be implemented for a trial period of a year, with a focus on clinical outcome measurement, rather than just a time-based response. The whole aim is to ensure more people survive life threatening episodes, including cardiac arrest, with a long-term aim of making Wales a nation of lifesavers.

I hope this introduction has whetted your appetite to read on and find out more. Of course, we would also encourage you to attend our Annual General Meeting later in the year and to keep an eye on social media for the latest news and developments. In the meantime, thanks to you all for your continued support.

With our very best wishes,

Colin Dennis

Chair of the Trust Board



Jason Killens

Chief Executive Officer



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GLOSSARY OF TERMS

Abbreviation	Term
AAA	Alert, Assure, Advise Report
ACA1/2	Ambulance Care Assistant
ADLT	Assistant Directors' Leadership Team
AGM	Annual General Meeting
APC	Academic Partnership Committee
APPs	Advanced Paramedic Practitioners
APR	Adult Practice Reviews
ARAC	Audit, Risk and Assurance Committee
ARWAP	Anti Racist Wales Action Plan
BAF	Board Assurance Framework
BI	Business Intelligence
CVUHB	Cardiff and Value University Health Board
CAS	Clinical Assessment System
CC	Charity Committee
CCC	Clinical Contact Centres
CFRs	Community First Responders
CHARU	Cymru High Acuity Response Unit
CMT	Clinical Model Transformation
CPR	Child Practice Reviews
CardioPR	Cardiopulmonary Resuscitation
CRM	Clinical Response Model
CRR	Corporate Risk Register
CQGG	Clinical Quality Governance Group
CSD	Clinical Support Desk
DAP	Decarbonisation Action Plan
DEEE	Diesel Engine Exhaust Emissions
DPIA	Data Protection Impact Assessments
EAP	Emergency Ambulance Practitioner
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ELT	Executive Leadership Team
ePCR	Electronic Patient Care Record
EPRR	Emergency Preparedness, Resilience, and Response
ESR	Electronic Staff Record

GLOSSARY OF TERMS	
Abbreviation	Term
GRS	Global Rostering System
HART	Hazardous Area Response Team
HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
HSE	Health and Safety Executive
FPC	Finance and Performance Committee
FReM	Government Financial Reporting Manual
FTE	Full-time Equivalent
HSE	Health and Safety Executive
ICAP	Integrated Commissioning Action Plan
ICO	Information Commissioner's Office
IMTP	Integrated Medium-Term Plan
IPC	Infection Prevention Control
JCC	NHS Wales Joint Commissioning Committee
LCFS	Local Counter Fraud Service
LRF	Local Resilience Forum/Fora
MAI	Manchester Arena Inquiry
MHRV	Mental health response vehicle
MIQPR	Monthly Integrated Quality and Performance Report
PENNA	National Patient Experience Network Awards
NEPTS	Non-Emergency Patient Transport Service
NQP	Newly Qualified Paramedic
NRIs	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee
PECI	Patient Experience and Community Involvement
PSOW	Public Service Ombudsman for Wales
QIA	Quality Impact Assessments
QMG	Quality Management Group
QPMF	Quality and Performance Management Framework
QuEst	Quality, Patient Experience and Safety Committee
RemCom	Remuneration Committee
RCRP	Right Care Right Person
RCS	Rapid Clinical Screening
RICS	Remote Integrated Care Service

GLOSSARY OF TERMS

Abbreviation	Term
RPE	Respiratory Protective Equipment
RRB	Regional Partnership Boards
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RIF	Regional Integration Fund
ROSC	Return of spontaneous circulation from cardiac arrest
SCIF	Significant Clinical Incident Forum
SDECs	Same Day Emergency Care Centres
SI	Statutory Instrument
SOP	Standard Operating Procedure
SORT	Specialist Operational Response Team
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
SUS	Speaking Up Safely
The Trust	Welsh Ambulance Services University NHS Trust
TRiM	Trauma and Risk Management Network
TU	Trade Union
UCRS	Urgent Community Response Service
UCS	Urgent Care Service
UHP	Unit Hour Production
UTS	University Trust Status
WASPT	Welsh Ambulance Services Partnership Team
WHSCC	Welsh Health Specialised Services Committee
WRP	Welsh Risk Pool
WTEs	Whole-time equivalents

PART 1: – PERFORMANCE REPORT

PERFORMANCE OVERVIEW

1.1. Introduction

This Performance Overview aims to provide an integrated quality, patient safety, patient experience, and performance narrative on the Welsh Ambulance Services University NHS Trust (the Trust) for the period 01 April 2024 to 31 March 2025. The Performance Report is produced in line with the requirements of the NHS Wales 2024/25 Manual for Accounts.

1.2. Statement from the Chief Executive Officer

The 2024/25 year has been another challenging year for the Trust with continued high pressure across the health and social care system. Whilst the pressure has remained high, there has been some improvements in performance in certain areas.

Because of the very challenging system pressures the Trust is operating in and subsequent impact on avoidable patient harm, the Trust took the decision to begin implementing its Clinical Model Transformation Programme in 2024/25 and switch on key aspects of the programme for, and during, Winter 2024/25. These changes, in particular, rapid clinical screening by a clinician early in the emergency ambulance pathway, have led to a reduction in patients cancelling their 999 calls and the Trust not saying it “can’t send” an ambulance.

Due to circumstances beyond the Trust’s control, the 111 Service had to implement the new 111 Clinical Assessment System (CAS) at real pace. This major change did impact on recruitment, which in turn affected performance. The call abandonment rate monthly average increased to 10.4% during 2024/25, up from 6.2% the year before and above 5% target. The percentage of calls answered within 60 seconds, also declined, falling from an average answer rate of 55.3% in 2023/24 to 38.8% in 2024/25. The Trust is currently engaged in an independent review of its 111 capacity and rostering practice.

For 999 callers, our headline target is to respond to 65% of Red (immediately life threatening) calls in eight minutes. The Trust did not achieve this target during any month in 2024/25 with the highest percentage rate of 51.8% being achieved in August; however, it did see a further improvement in the number of patients within the Red category being reached within eight-minutes with the average monthly rate increasing from 2,227 in 2023/24 to 2,591 in 2024/25. On the 11 March 2025 the Cabinet Secretary for Health and Social Care announced that the current Red category will be replaced with a new arrest category and emergency category from 01 July 2025, with the focus moving to measures of the chain of survival and patient outcomes i.e. saving lives, rather than a hit/miss time target.

Patients in the Amber category (serious, but not immediately life threatening) also saw a deterioration in their waiting times, with the average wait time for the year being 1 hour 47 minutes, compared to 1 hour 19 minutes in 2023/24. It has been identified there is a clear correlation between hospital handover lost hours and higher Amber response times and the increasing number of hours lost during hospital handovers remains a key contributory factor for these longer response times. Overall waiting times in the community and at hospital are still far too long and the Trust knows that avoidable harm has occurred as a result. The Clinical Model Transformation (CMT) programme is the Trust's strategic response.

The Non-Emergency Patient Transport Service (NEPTS) achieved its headline renal appointments time in nine of the twelve months during 2024/25 and achieved the target for all twelve months in relation to its Oncology appointments. Whilst the NEPTS headline metrics are positive, the Trust knows it is not reaching all patients who need the service. The Trust is taking a range of actions to help address this, including the introduction of two way texting with patients, aimed at reducing last minute cancellations; and improving the alignment of the service to patient demand. The Trust is also engaging with its commissioners regarding the greater capacity that is likely to be required to sustain existing levels of service.

Patient handover lost hours at emergency departments continued to be the single biggest inefficiency of the Trust's resources. Although handover lost hours reduced in 2023/24, they have risen over the past year, averaging 22,003 hours per month during 2024/25 compared to 21,700 a month in 2023/24. This meant the Trust lost 264,393 ambulance hours over the course of the year and could have responded to 41,448 more patients if these hours had not been lost.

Despite these on-going pressures, our people have continued to deliver, taking action to improve services for patients and for staff and volunteers. The Trust increased its Cymru High Acuity Response Unit (CHARU) establishment to 122.5 full-time equivalents (FTEs), grew the number of Advanced Paramedic Practitioners (APPs) by 24.4 FTEs, saw the Emergency Medical Service (EMS) abstraction rate achieve its benchmark for three consecutive months, and further reduced its monthly sickness absence rate to 7.86%.

We are now in the second year of our ambitious CMT Programme, which represents a fundamental shift in how we deliver care, moving towards a fully integrated and patient-centred model. This transformation is crucial to our strategic objective to provide the right care or advice, in the right place, every time.

The Trust is open and transparent in its monthly reporting of patient experience, patient safety, and performance and the Annual Performance Report provides a fair and balanced assessment of how the Trust is doing.

Finally, I want to thank all of our staff and volunteers, blue light partners, commissioners, the private sector, and the voluntary sector for their continued support.

Jason Killens

Welsh Ambulance Services University NHS Trust Chief Executive Officer

Date: 26 June 2025

1.3. Areas of Responsibility

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed.

Services include: -

- The blue light emergency ambulance services: including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or treating facility.
- NEPTS: including call taking, journey planning, service commissioning, taking patients to and from hospital appointments and transferring them between hospitals and treating facilities.
- The 111 service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral.
- The Trust also supports volunteers: Community First Responders (CFRs), Community Welfare Responders (CWRs) and Uniformed Responders to provide additional response resource to emergency calls and a Volunteer Car Service to aid patient transport to planned appointments.

The Trust is a commissioned service for EMS, NHS Wales 111 and Ambulance Care. As of 01 April 2024, the NHS Wales Joint Commissioning Committee (JCC) replaced both the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC). The JCC is a joint committee of the seven Health Boards, with the Trust attending JCC meetings as observers. It has responsibility for the planning and commissioning of emergency ambulance services including NHS Wales 111 and specialised services which were previously provided by WHSSC, on an All-Wales basis. The Trust has engaged constructively with the JCC and its governance structures and range of commissioning intentions and desired metrics each year.

1.4. Our Purpose and Long-Term Strategy

Our Purpose

In 2023 we adopted our organisational purpose statement **'To Support, To Serve, To Save'**. This short but powerful statement seeks to describe the organisations 'core' reason for being, uniting all of people towards a common goal.



Our Strategic Objectives



Our Long-Term Strategic Framework **'Delivering Excellence'** sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of our clinical services model to ensure that patients receive the **'right advice and care, in the right place, every time'**. Our ambition is to evolve from a traditional ambulance and transport service, towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who contact us through 111, 999 and our non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which we work.



However, Delivering Excellence is a whole organisational strategy, not only concerned with service models, but also with how we support and enable **our people to be the best that they can be**. We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, fulfils our duties as a **quality driven and clinically led organisation** that delivers exceptional **value**. We have continued to develop our annual plans (Integrated Medium-Term Plan) around this strategy and its **six core strategic objectives**.

1.5. Integrated Medium-Term Plan (IMTP)

At an organisational level, the Integrated Medium-Term Plan (IMTP) sets out, on a three-year rolling basis, the prioritised actions that the Trust will take to move it towards its strategic objectives. The IMTP considers the national planning guidance issued by Welsh Government, the external environment in which the Trust operates including statutory requirements and commissioning intentions, the risks it is managing, as well as intelligence gathered from patients, staff, and volunteers.

In particular the Trust was required to articulate through the IMTP how it planned to deliver on the priorities set by the Cabinet Secretary for Health and Social Care in Wales. The Trust Board approved the IMTP for 2024-27 and submitted it to Welsh Government at the end of March 2024, and it was formally approved in August 2024. The Trust reviews its performance against the commitments within the IMTP both through tracking of actions and deliverables at the Strategic Transformation Board (STB) and analysis of key metrics within the Monthly Integrated Quality and Performance Report (MIQPR).

In 2024 we also developed a set of statements to consider what good would look like as a result of transformational change and IMTP delivery. The graphic below shows that in some areas we are moving towards the position we wanted to as set out last year, but we know there are still some areas that have deteriorated, and further improvement is required this year to address these areas, as well as further advance the outcomes towards the anticipated outcomes set out in our plans.



1.6 Evolving Our Integrated Clinical Services Model

We are now in the second year of our ambitious CMT Programme, evolving our Clinical Response Model (CRM) into an integrated Clinical Services Model. This transformation is crucial to our strategic objective to provide the **right care or advice, in the right place, every time.**

The programme represents a fundamental shift in how the Trust will deliver care, transitioning from a conveyance-based emergency response focus to an integrated, patient-centred model that connects our core services into a cohesive system. This approach allows the Trust to better meet the healthcare needs of the people of Wales by offering a broader range of care options, including addressing urgent and emergency needs within the community.

In its first year, the programme prioritised rapid service developments to enhance safety over the winter period. This year, we are laying the groundwork for a fully integrated service while deepening collaboration with system partners to refine and test the proposed model, ensuring alignment with the wider urgent and emergency care system.

The evolved CMT programme is designed to be clinically led, patient centred and integrated across multiple services. To deliver this transformation, we will:

- **Embed clinically-led decision making:** Clinical expertise will guide care decisions from the first patient contact, ensuring timely, personalised responses, reducing unnecessary interventions, and improving outcomes.
- **Enhance system connectivity:** Systems, processes, and our people will be integrated across the Trust, supported by digital solutions to deliver consistent patient experiences and maximise resource efficiency.
- **Offer choice through diversified response options:** Expanding response pathways will allow safe, community-based treatments while ensuring ambulance dispatch is prioritised for critical needs.
- **Strengthen collaborative pathways:** Partnerships with Health Boards, commissioners, and community services will be developed to create shared care pathways, enabling staff to connect patients to the most appropriate local services.

The CMT Programme is structured around five core workstreams, supported by a cross-organisational governance framework to ensure alignment with strategic priorities and efficient resource use: -

Online Digital Advice

We will provide patients with a modern, integrated digital platform through NHS111 Wales. This platform will improve accessibility to timely and accurate health information.

Remote Integrated Care Services (RICS)

This fully integrated service will be the cornerstone of our integrated clinical services model. Clinicians will have access to an expanded range of clinical pathways internally and within Health Boards, including remote monitoring and specialist resources, ensuring personalised care. It is our intention to align pathways and processes but also bring together remote clinical capacity in the Clinical Support Desk (CSD) and 111 as an integrated remote clinical assessment team in 2025/26.

Urgent Community Response Service (UCRS)

Where existing pathways of care do not exist within the community, we will implement a consistent approach to urgent community care across Wales. This service offering is designed to better meet the needs of our patients who present through 999 and 111, where historically an ambulance dispatch would have been the only option. It will include face-to-face interventions, such as rapid falls response, advanced paramedic care, and mental health crisis intervention. This approach will improve access to community-based care, prevent unnecessary emergency department conveyance, and ensure equitable service delivery.

Emergency Response Service

Our traditional emergency response model will transition to a clinically prioritised system, incorporating Rapid Clinical Screening (RCS) for 999 calls. This will ensure emergency cases are prioritised based on clinical need, enabling timely responses for critical incidents while connecting other patients to appropriate remote or community care pathways.

In 2024/25, we introduced the Clinical Navigator role – senior clinicians who assess incoming calls for suitability for remote management through the RICS. This innovation enhances clinical oversight and enables a more nuanced approach to patient triage, focusing on what care is required rather than defaulting to ambulance dispatch.

Alongside this, we implemented RCS for Green and Amber category calls through a phased rollout, completed by February 2025. Early data shows that 75% of screened cases were suitable for further remote management, with consult and close rates approaching modelled targets, demonstrating the system's potential to improve patient flow and care outcomes.

Health Transport Service

Patients with known, routine care needs will have timely access to a responsive, planned health transport service that connects seamlessly with the wider care system. Following a RICS intervention, suitable journeys will be identified and coordinated through an integrated transport model that optimises resources and supports safe, efficient transfer to the right place of care. This system will reduce unnecessary dispatches, improve flow across services, and enhance the overall patient experience for scheduled and non-urgent care.

The CMT Programme represents a fundamental shift in how we deliver care, moving towards a fully integrated and patient-centred model. By leveraging innovation, fostering collaboration, and embedding clinical leadership, we will ensure that our services remain responsive to the needs of our communities. This transformation is not just about meeting current challenges but building a resilient healthcare system for the future – one that provides the right care or advice, in the right place, every time.

1.7 Performance Summary

The Trust has a Quality and Performance Management Framework (QPMF), approved by the Trust Board. A requirement of the Framework is to look at quality and performance in a balanced and consistent way. The Trust uses four lenses to do so: -

- Our Patients;
- Our People;
- Finance and Value; and
- Partnerships and System Contribution.

These four headings are used in the following sections to review the Trust's performance in 2024/25 and are based on Welsh Government's 'quadruple aims' for health and social care. The Trust Board receives an in-year (MIQPR every two months) which provides the latest position on key performance indicators against these four headings. This top-level report is supported by a comprehensive range of more specific reports to each Board Committee and the Executive Leadership Team (ELT).

A subsequent key development has been the publication of the Ministerial Six Goals for Urgent and Emergency Care, which sets out expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place first time for physical and mental health.

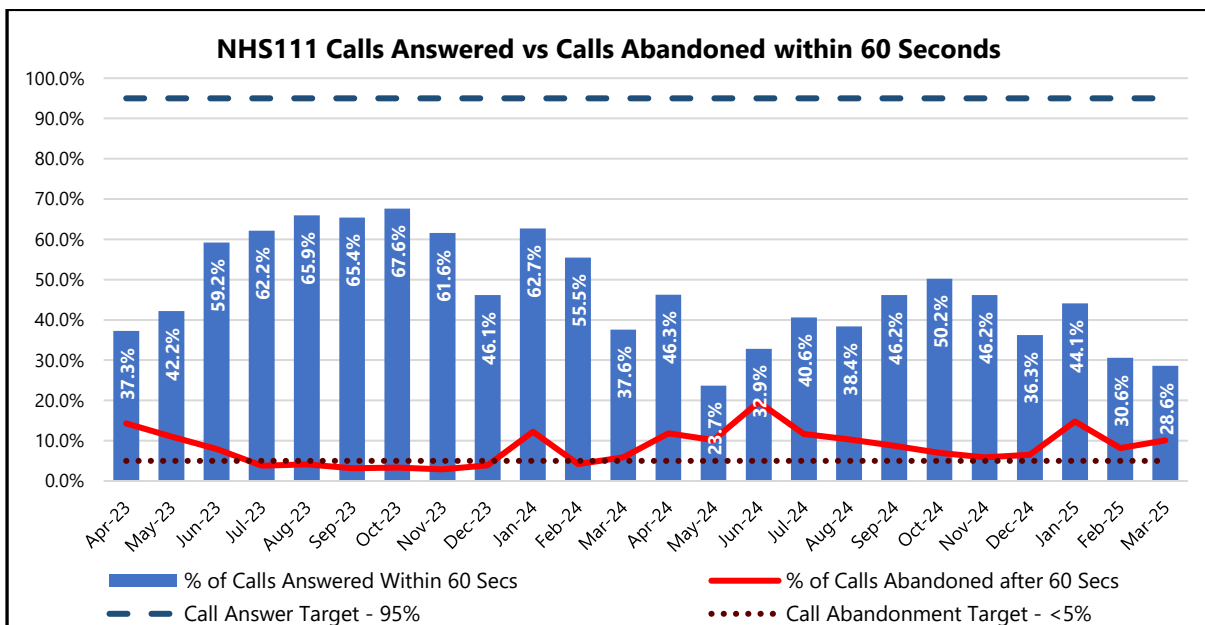


1.7.1 Our Patients – Quality, Safety and Patient Experience

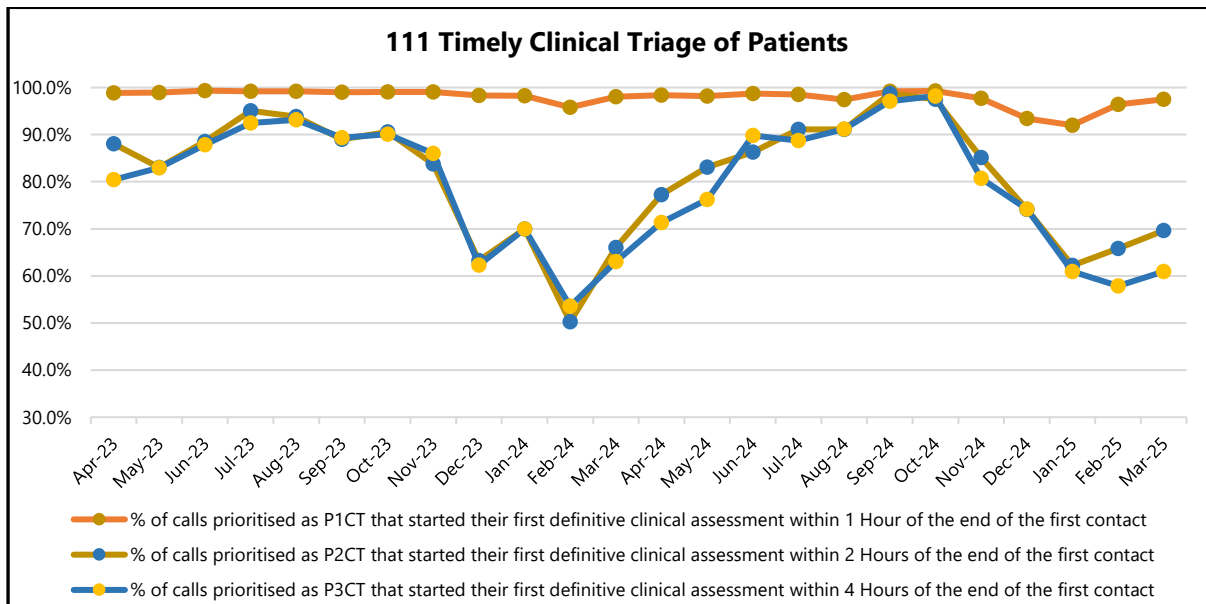
NHS111 Wales Service

For many of the Trust’s patients, the first point of contact with the Trust is the **111 service**, which has been live across the whole of Wales since early 2022. Over the past year the number of calls received into the 111 service has increased, rising from 970,684 111 calls in 2023/24 to 1,002,211 calls in 2024/25.

The Trust measures the quality of the service it provides through call answering times, abandonment rates and clinical ring back times. Performance within this area saw a drop off during early 2024/25, primarily due to the implementation of the new 111CAS system, which went live on 30 April 2024. In the run up to this implementation staff were abstracted for training and in addition recruitment was paused. Following ‘go live’ staff were familiarising themselves with the system, which had a further impact on efficiency. Although performance did start to improve from June 2024, winter pressures and high levels of sickness absence in December 2024 did have a further impact.



The graph above shows that only 38.8% of calls were answered within the 60 second target during 2024/25, compared to 54.8% in 2023/24. Abandonment rates increased from an average of 6.6% in 2023/24 to 10.4% during 2024/25, with the 5% target not being achieved in any of the 12 months.



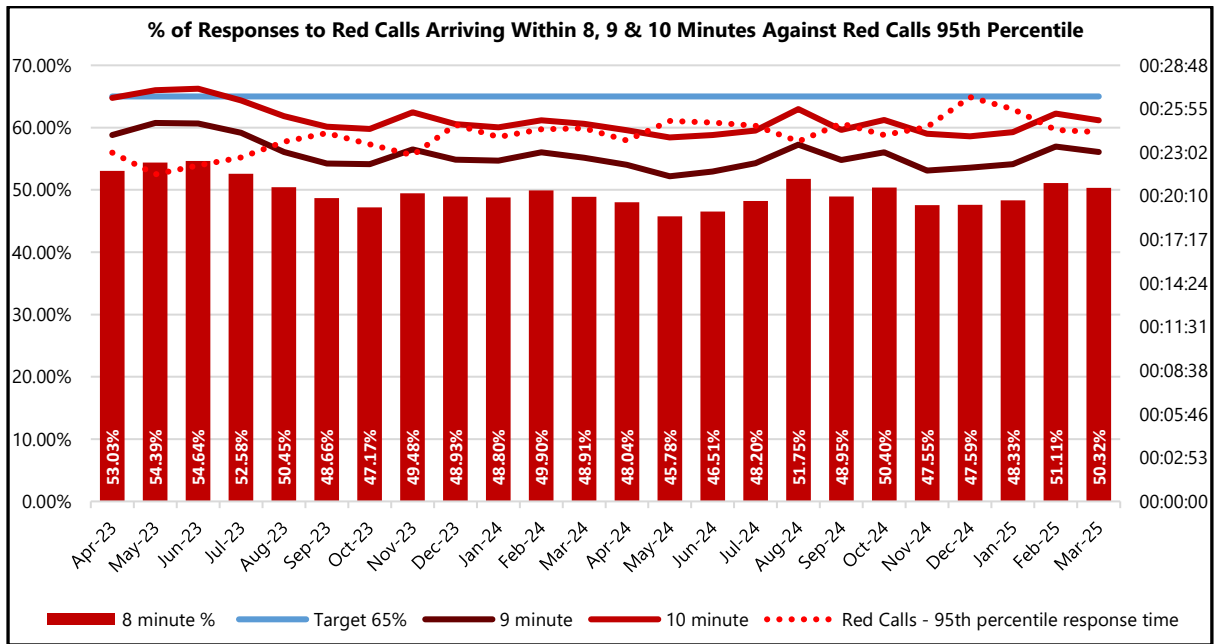
In relation to clinical ring back for triage, the Trust consistently achieved the one-hour target of 90% for highest priority patients (Priority 1 Clinical Triage – P1CT), averaging 95.6% during 2024/25. Performance for lower priority calls, after achieving the 90% target between August and October 2024, deteriorated in the second half of the year, falling to around 60% in January 2025. For the year this meant, that on average, 81.6% of patients prioritised as Priority 2 Clinical Triage (P2CT) received a clinical ring back within two hours of the end of the first contact and 78.9% of patients prioritised as Priority 3 Clinical Triage (P3CT) received a clinical ring back within 4 hours of the end of the first contact.

Emergency Medical Services (999 calls)

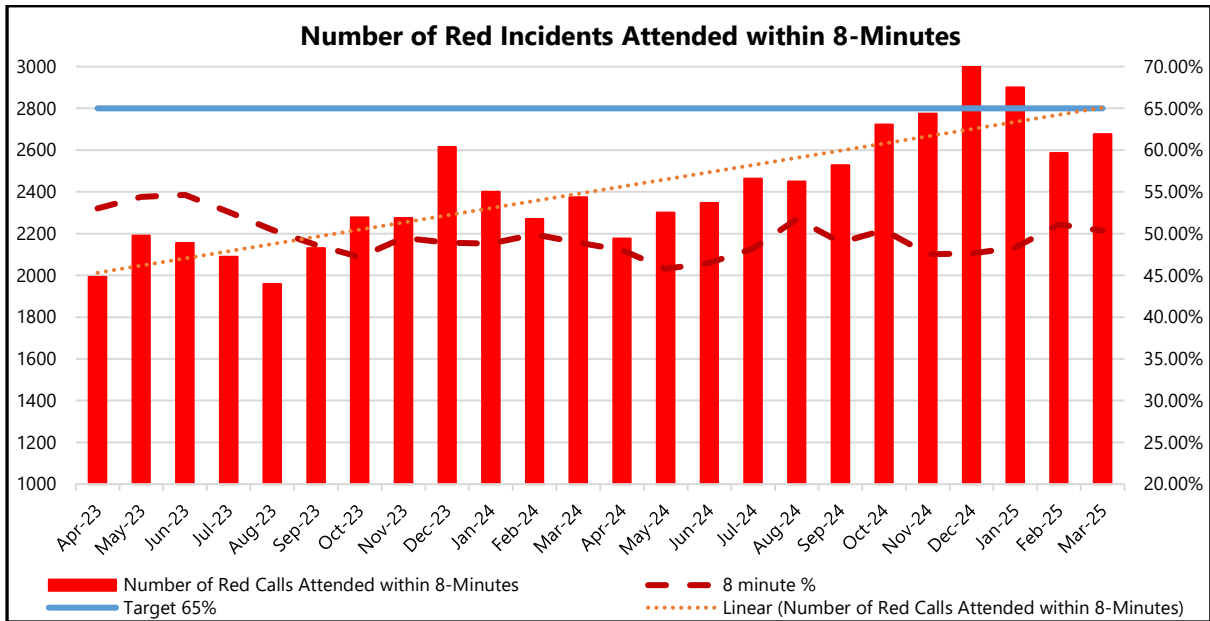
Within the EMS, despite the actions taken through the year, the ongoing system pressures, in particular, excessive hospital handover delays, have led to continued unacceptably long waiting times for an ambulance which in turn have contributed directly to avoidable patient harm.

Harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance for handover into an emergency department (ED), or to those who we cannot send an ambulance to at times of highest escalation. The Trust Board receives a detailed report at each of its meetings on actions being taken to reduce and mitigate this avoidable harm.

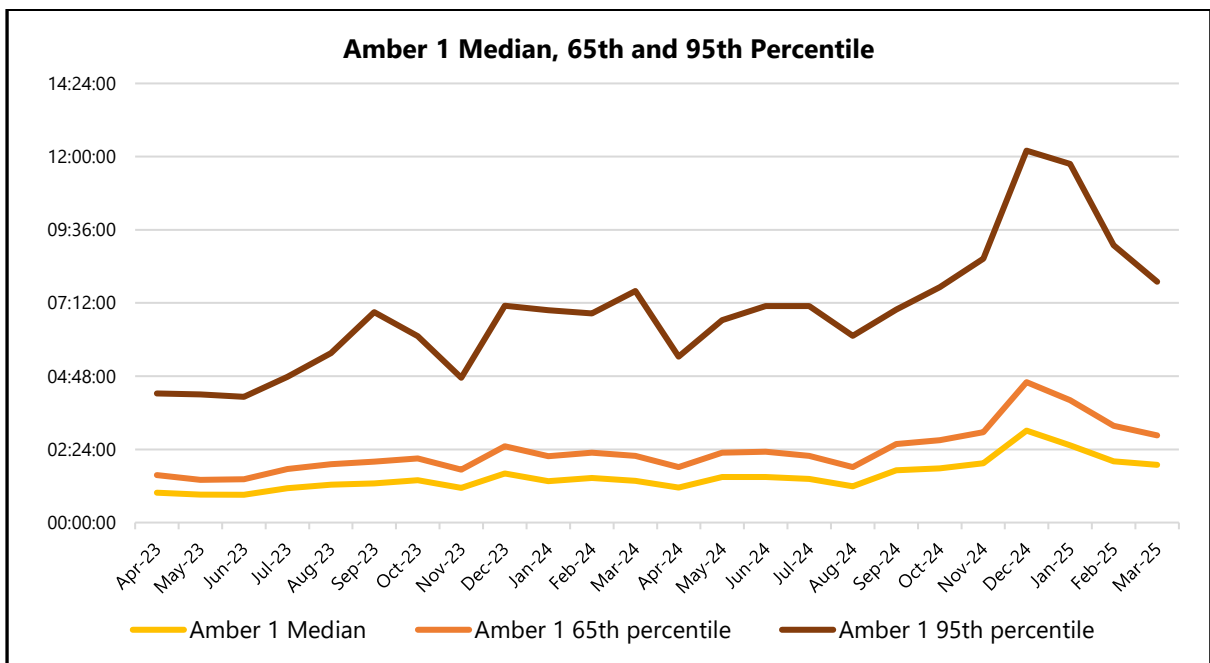
The Welsh Government target for 2024/25 was to respond to 65% of immediately life threatening 999 calls (Red calls) within eight minutes. Despite slight seasonal increases in performance, the Trust has seen no clear long term improvement against this target over the past year, with the average for the year of 48.7% being a marginal decline from the 50.4% seen during 2023/24.

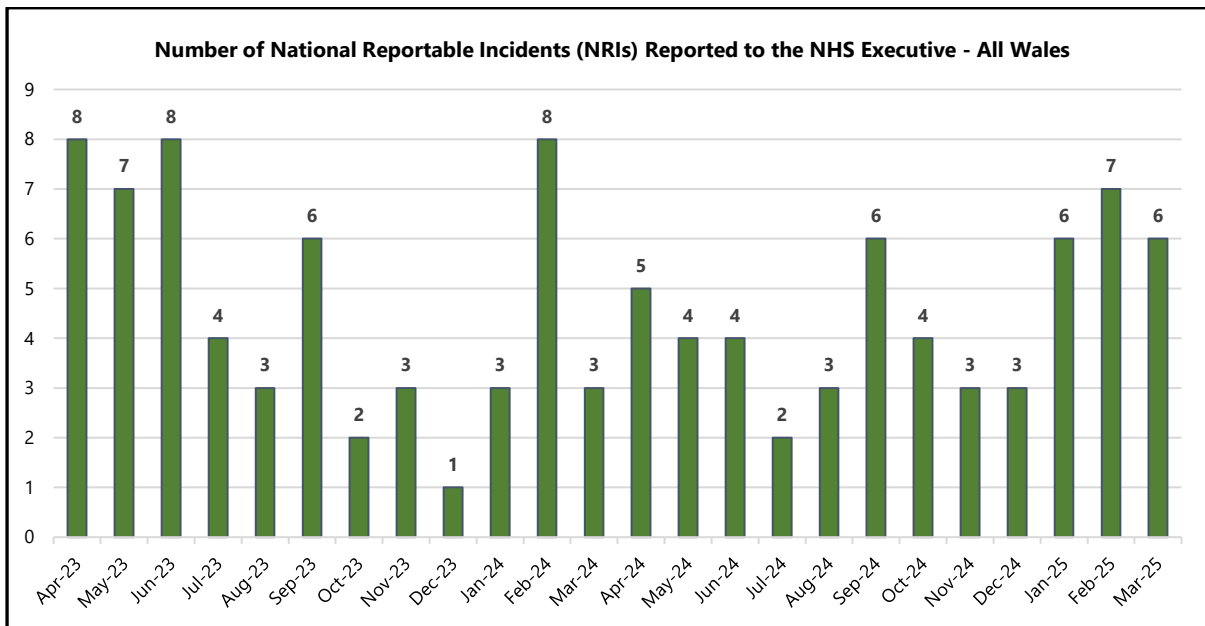


However, there has been a clear increase in the volume of Red incidents attended within eight minutes, as can be seen in the graph below. In 2022/23 the Trust was attending an average of 1,966 Red incidents per month; during 2023/24 this figure rose to 2,227, and during 2024/25 this figure increased again to 2,591. This would indicate an improvement in overall performance, but due to a significant rise in the number of verified Red incidents over the past year (20.5% increase) this has not been replicated within the Red eight percentage figures.



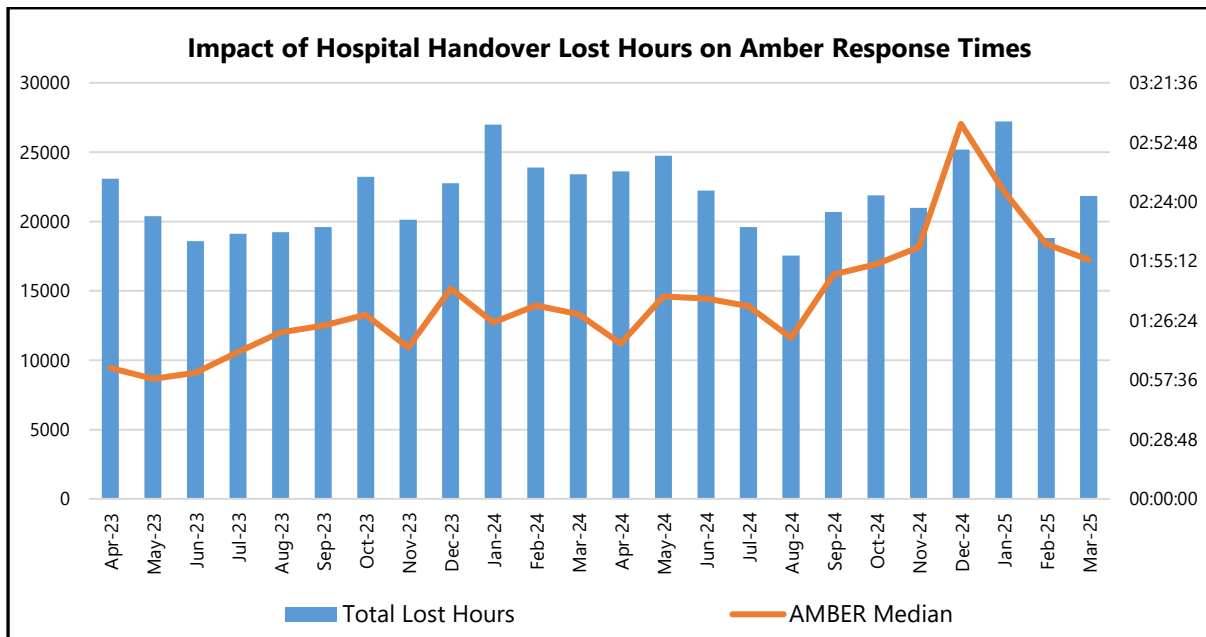
For patients in our Amber 1 category (serious but not immediately life threatening), there is no specific target set for response times, but with calls including those for stroke and cardiac arrest, the Trust would ideally want to respond on average within 18-minutes. The Amber 1 average monthly response time during 2024/25 was 1 hour 41 minutes.





In relation to the most serious incidents, the Trust reported 53 patient National Reportable Incidents (NRIs) in 2024/25 compared with 56 in 2023/24. Most, but not all, of these NRIs relate to the Trust’s 999 service. The number of incidents reviewed at the Significant Clinical Incident Forum (SCIF) reported to the Health Boards under the Joint Investigation Framework fell slightly, from 173 in 2023/24 to 166 in 2024/25, although an increase was seen in the last quarter of 2024/25. These are often due to long waits in the community caused by handover delays at hospitals.

There are many reasons for longer response times, which include increases in Red call demand and overall acuity, a loss of capacity through above benchmark abstractions (achieving benchmark by end of year) and extreme hospital handover delays. There is a clear correlation between the latter of these factors and higher response times, particularly when considering Amber incident responses, as can be seen in the graph below.

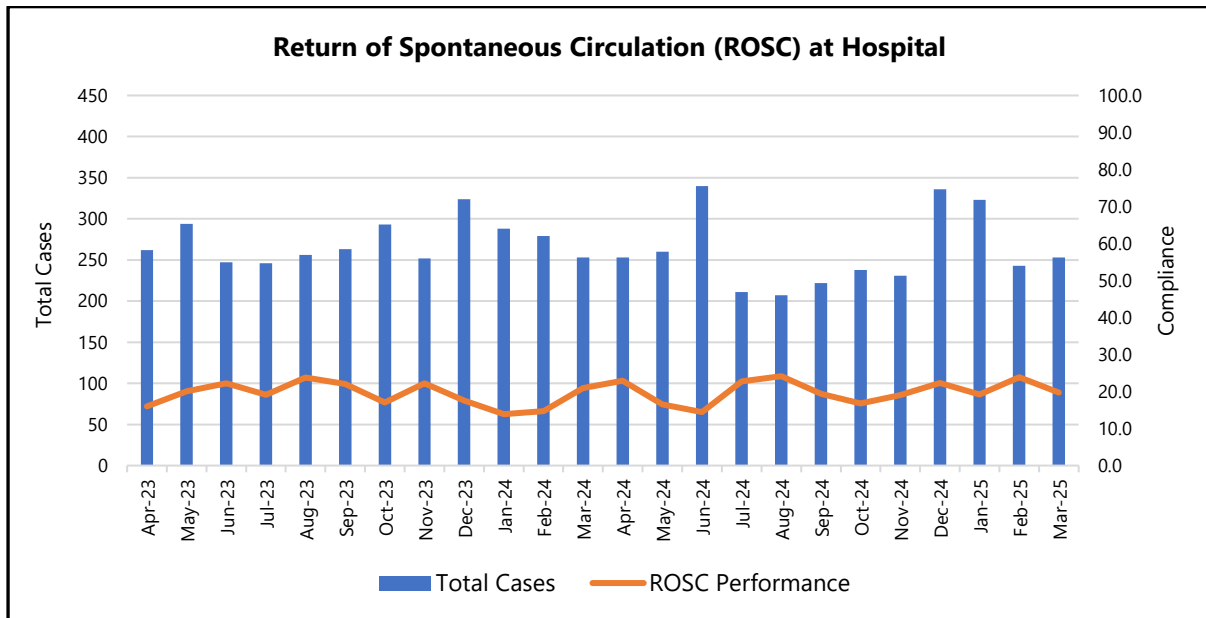


Over the past year the Trust has undertaken a number of initiatives to positively impact upon response times and the quality of the service it provides. These include:

- Recruitment: with 95% of commissioned front-line posts now in place.
- The continued implementation of the CHARU which the Trust has now grown to 122.5 FTE; just 18 short of its 140.5 FTE pan-Wales target.
- The Managing Attendance Programme continues to be delivered through the ten-point plan, with a reduction in overall sickness levels during 2024. Work is on-going with the aim to reduce to 6%.
- The implementation of Rapid Clinical Screening.

Significantly improved performance is still dependent on handover delays at hospitals reducing in line with Ministerial expectations, which currently is not the case. The Trust also measures and monitors five clinical indicators, these being Fractured Neck of Femur, Stroke, ST Elevation Myocardial Infarction (STEMI), Hypoglycaemia and Return of Spontaneous Circulation (ROSC). Introduced through 2022, the electronic Patient Clinical Record (ePCR) is now fully embedded within the Trust and has significantly enhanced the collection and sharing of clinical information. As anticipated, this has led to improvements in the completeness and accuracy of clinical data capture, supporting more robust reporting on the five key clinical indicators.

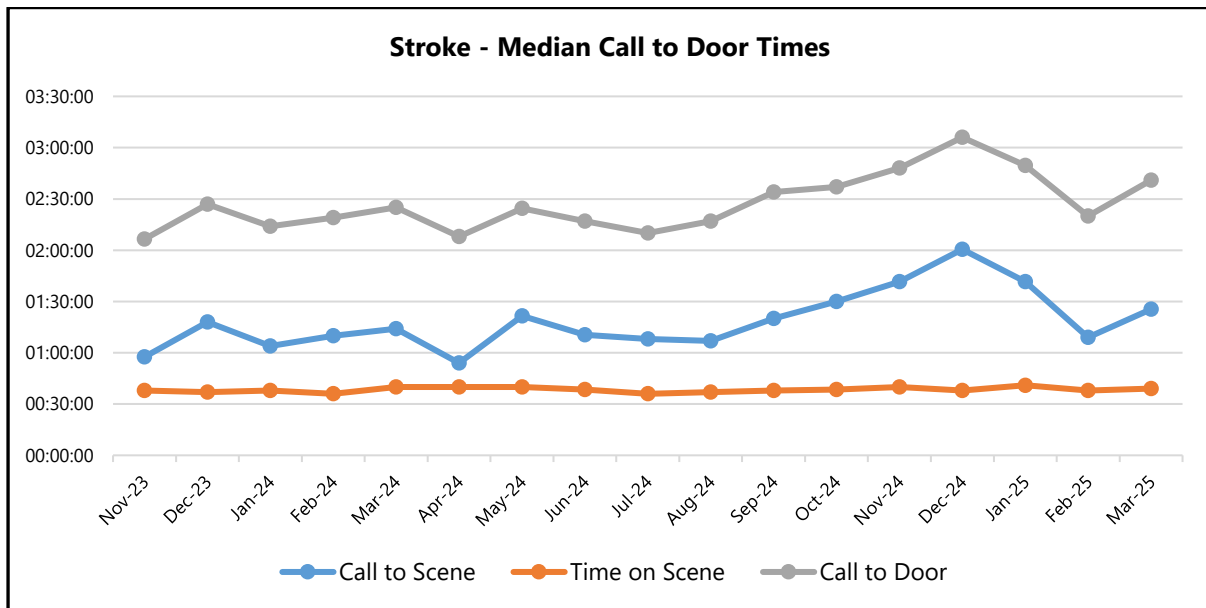
The graph below shows, the number of patients who had ROSC at hospital for the year 2024/25. Although this metric remains lower than the Trust would want, it does show a gradual improvement on 2023/24.



Of the other key clinical indicators, the Trust measures none of them achieved the 95% target during 2024/25, although there were some significant improvements in performance seen in many areas.

There were also improvements seen in the percentage of older people with suspected hip fracture who are documented as receiving the appropriate care bundle; the percentage of STEMI patients who are documented as receiving the appropriate care bundle; the percentage of hypoglycaemic patients who are documented as receiving the appropriate care bundle, and the percentage of suspected stroke patients who are documented as receiving the appropriate care bundle, with the figure for March 2025 of 91.6% being an improvement on the 72.8% reported for March 2024.

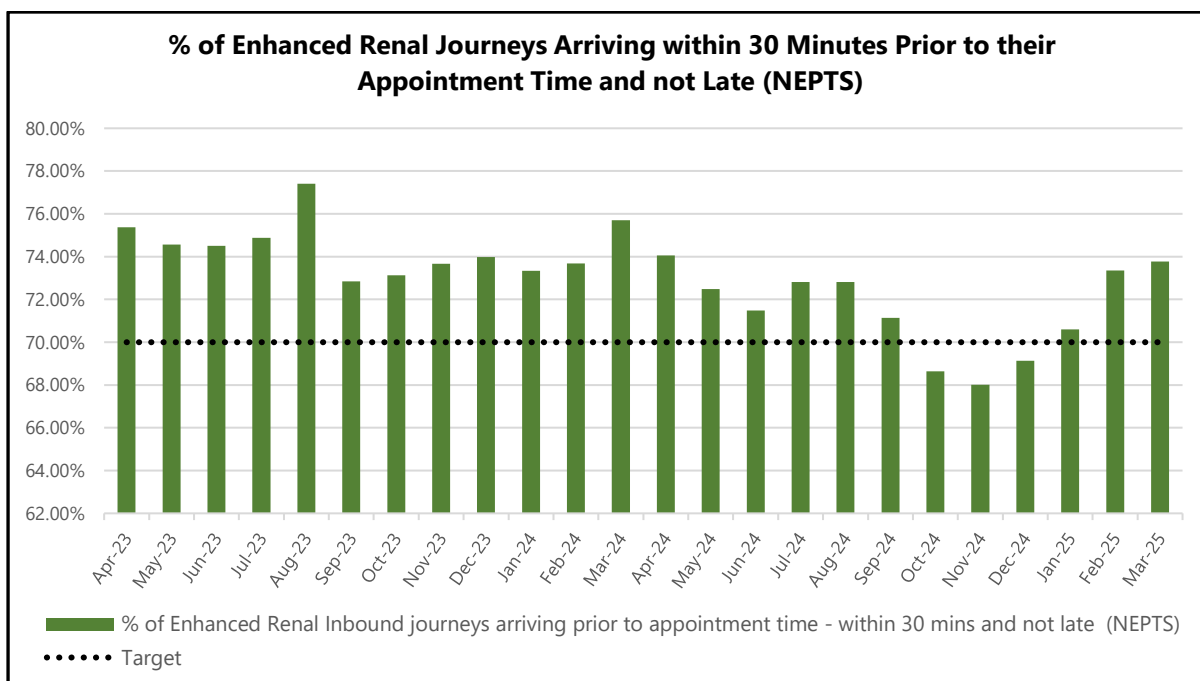
The Trust also now reports on the call to door times for both Stroke and STEMI patients, which encapsulates the total time from the call being received to the patient arriving at hospital. As the graph below for Stroke patients shows, these have deteriorated slightly during 2024/25, averaging two hours 31 minutes compared to two hours 10 minutes in 2023/24.



The Trust continues to develop the CHARU, which has been introduced to directly impact upon the ROSC metric. This service is aimed at providing an on scene clinical leadership for high acuity incidents by an experienced paramedic with additional medicines and training. They support clinical decision making, co-ordinate patient care and ensure clinical practice is in line with current best practice guidelines to improve overall outcomes.

Ambulance Care

In relation to the Trust’s **Ambulance Care** service, which includes NEPTS, demand is still not quite back to pre-Covid-19 levels; but the complexity of the service has increased following reconfigurations by Health Boards of planned care systems increasing distance and complexity of journeys. There is still a high level of uncertainty around demand as Health Boards continue to move through service changes, including further weekend clinics. A national roster review is currently underway which is a highly complex piece of work, and which has the potential to improve efficiency; but will be challenging to deliver. This is a high-volume service, with over 567,000 patient journeys across the year.



The quality of the service for patients is measured through metrics which consider whether patients are transported to and from their hospital appointments in a timely manner and new performance standards were introduced in April 2023. Targets are met for most patients, with an average of 71% of renal journeys and an average of 78% advanced booked transfer and discharge journeys being completed within the required timeframes. Patient survey data is positive, with satisfaction rates increasing to 87.3% by the end of the year.

Quality Management

The Trust has a 75% target for responding to patient concerns within 30 days, although this remains challenging and has not been achieved in any month during the past two years. In March 2025 compliance was 55% for responding to patient and family concerns within the 30 day period.

A multi-disciplinary panel meets regularly to review incidents to ensure appropriate investigations are undertaken. Joint investigations with Health Board colleagues are undertaken to ensure improvements cover the whole of the patient pathway. The Quality Governance arrangements are discussed in more detail in the Accountability Report.

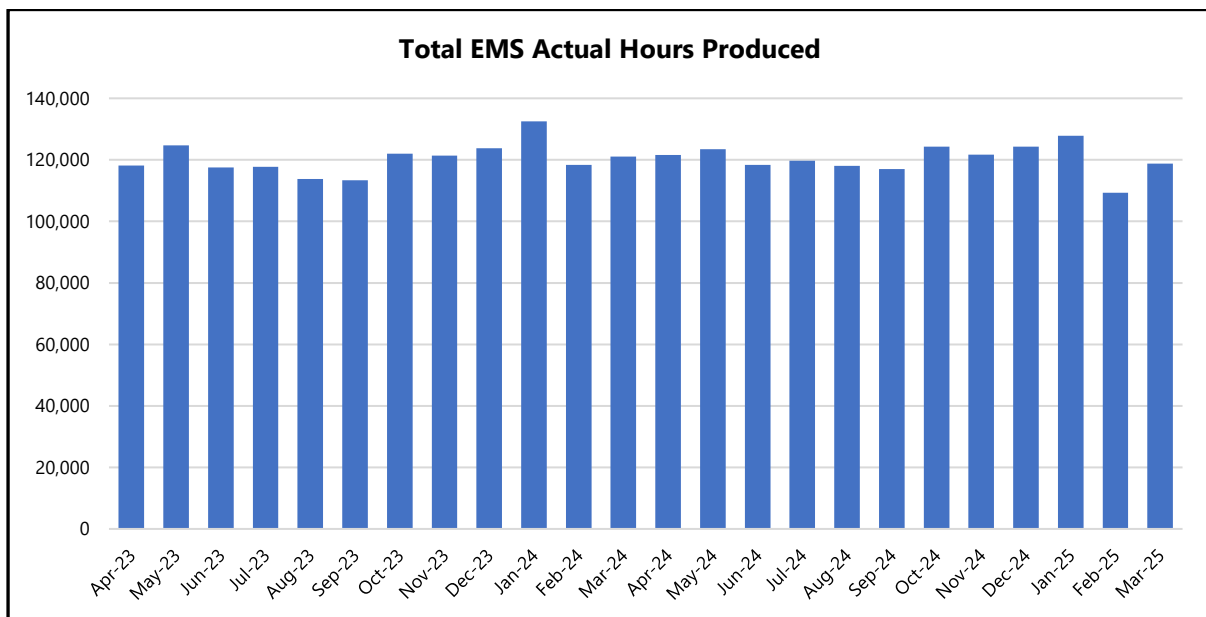
The Patient Experience and Community Involvement (PECI) Team continues to engage with the public to listen, capture and report on their experiences of accessing and receiving care across all Trust services. The feedback captured and reported demonstrates how patient experience is a key indicator of the level of quality being provided and the need to improve patient experiences, patient safety, and patient outcomes.

1.7.2 Our People

In relation to the Trust's workforce, the indicators reviewed at Board relate to whether the Trust has the right workforce capacity in place to meet demand, how the Trust is keeping staff safe and well, and how they are being developed. More detailed and numerous indicators are also considered at the People and Culture Committee (PCC).

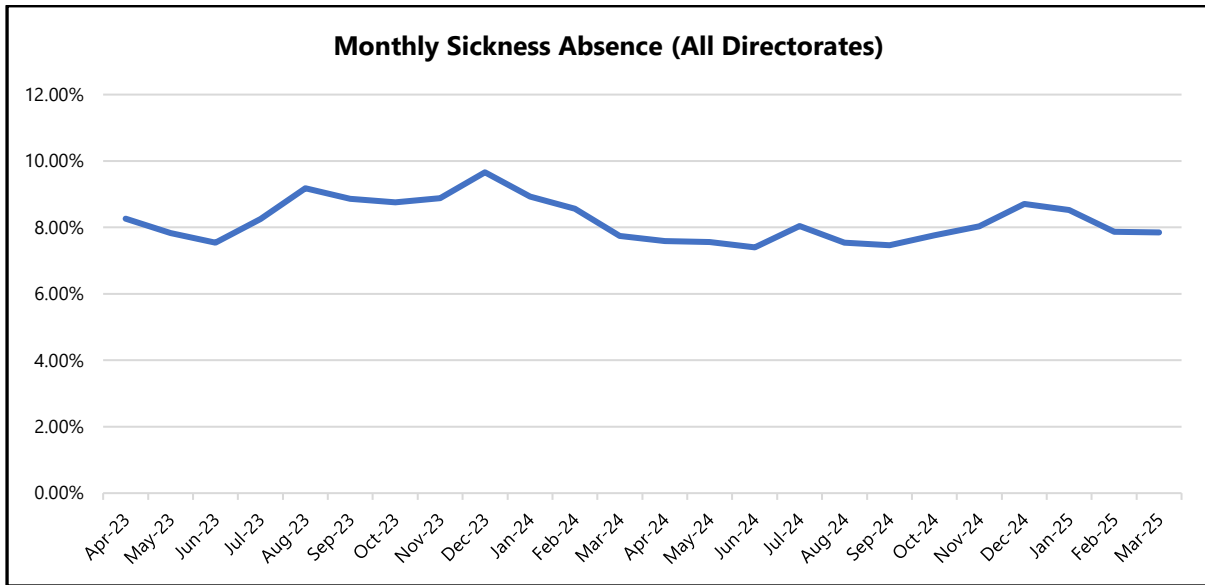
The Trust had a budgeted establishment of 1,823 FTEs for EMS in 2023/24. This establishment increased to 1,904 FTEs in 2024/25. This reflects the Trusts commitment to growing roles such as CHARU and APP in EMS which have seen a considerable rise in the planned establishment. CHARU numbers increased to 122.5 FTEs during 2024/25, while APP establishment grew from 88.5 to 112.9 (24.4 FTE growth). The majority of these APPs are currently undertaking their MSc course in Advanced Practice, and we are expecting to see the benefit of this recruitment in quarter two of 2025/26.

The graph below demonstrates the number of EMS ambulance unit hours it is able to produce in 2024/25 compared to the previous year and highlights it has remained stable. In 2024/25, 1,444,419 actual hours were produced compared to 1,444,431 hours in 2023/24. These hours are a significant uplift in the number of EMS hours produced compared with years prior to 2023; but this gain has been subsumed by the continued high number of hours lost to handovers at hospital.

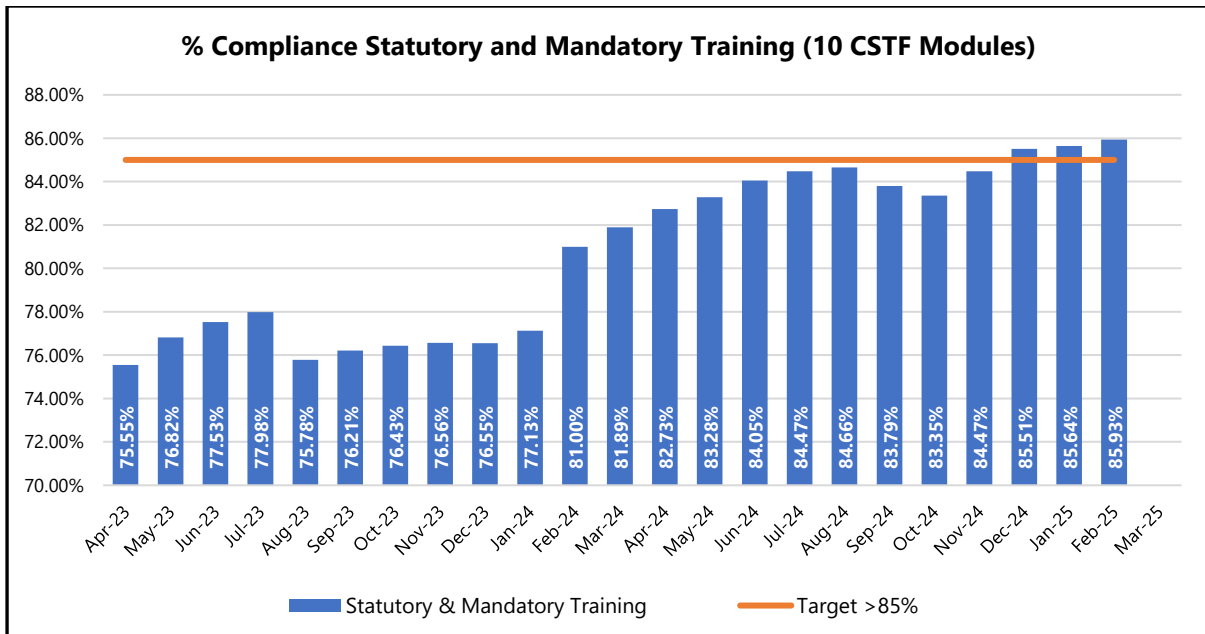


Another key factor in the Trust’s ability to ensure capacity to meet the demand is the impact of roster abstractions, and this also provides an indicator of our people’s well-being. To support the workforce there has been an ongoing focus on well-being activities across all areas of the Trust, including those in both frontline and support roles.

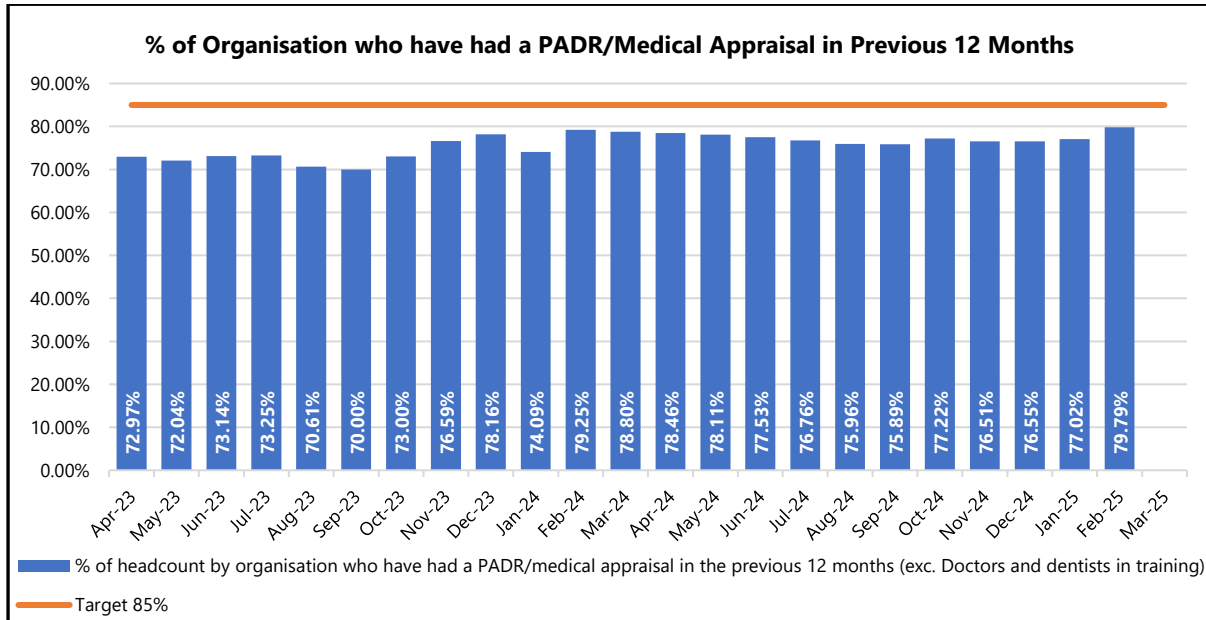
Despite this, sickness has remained one of the key causes for rota abstraction, although the graph below shows that positive progress has been made over the past year, with the year-end figure for 2025 of 7.82% being lower than the 8.54% seen in March 2024. This is despite ongoing system pressures, outside of the Trust’s control, which have a negative impact upon staff wellbeing.



Statutory and Mandatory Training rates achieved the 85% target overall at year end, recording over this rate for the last four months of the year. This follows a gradual improvement seen since January 2024. This is demonstrated in the below graph:

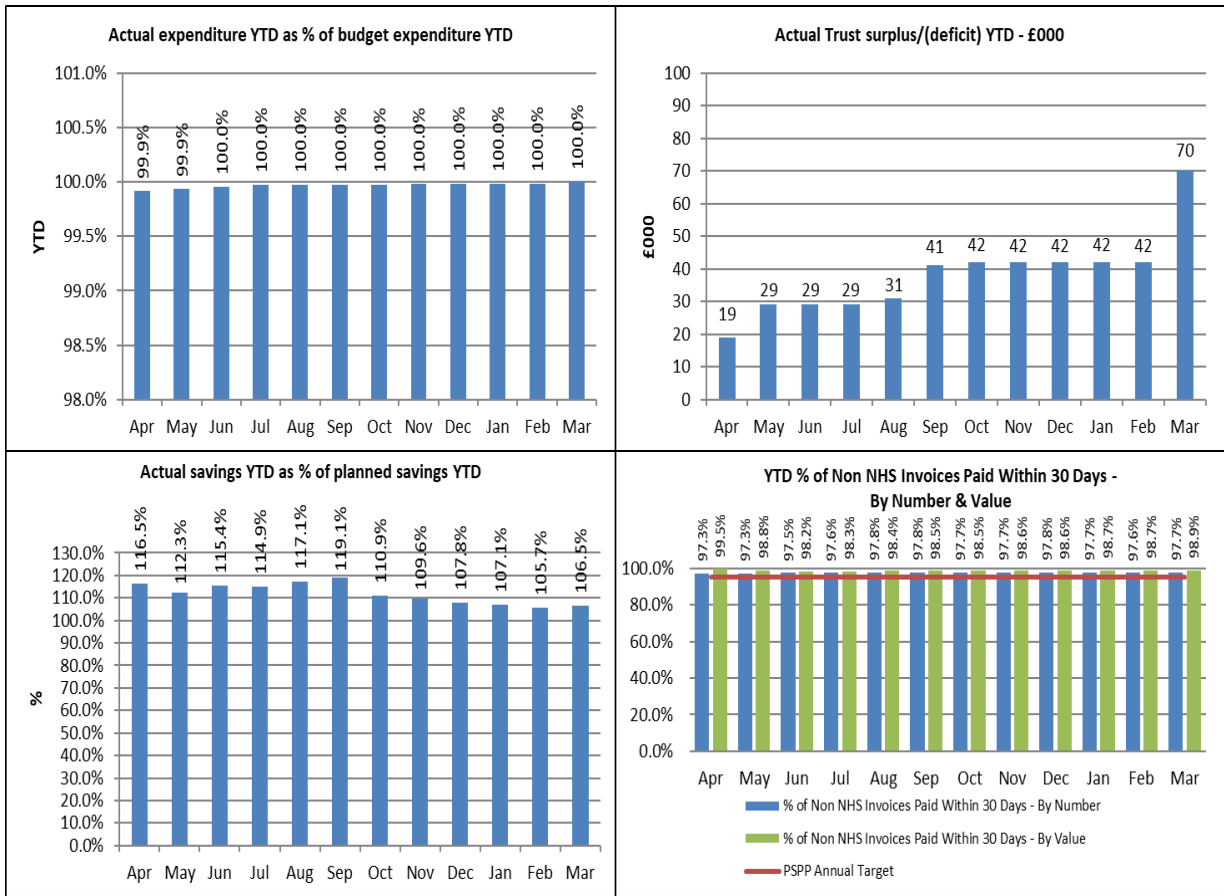


In terms of staff development, the Trust views levels of Personal Appraisal and Development Reviews (PADR) as the best way of representing development at a high level. Although the year end figure for 2024/25 of 79.8% failed to achieve the 85% target, it has shown a sustained gradual improvement over the past two years.



1.7.3 Finance and Value

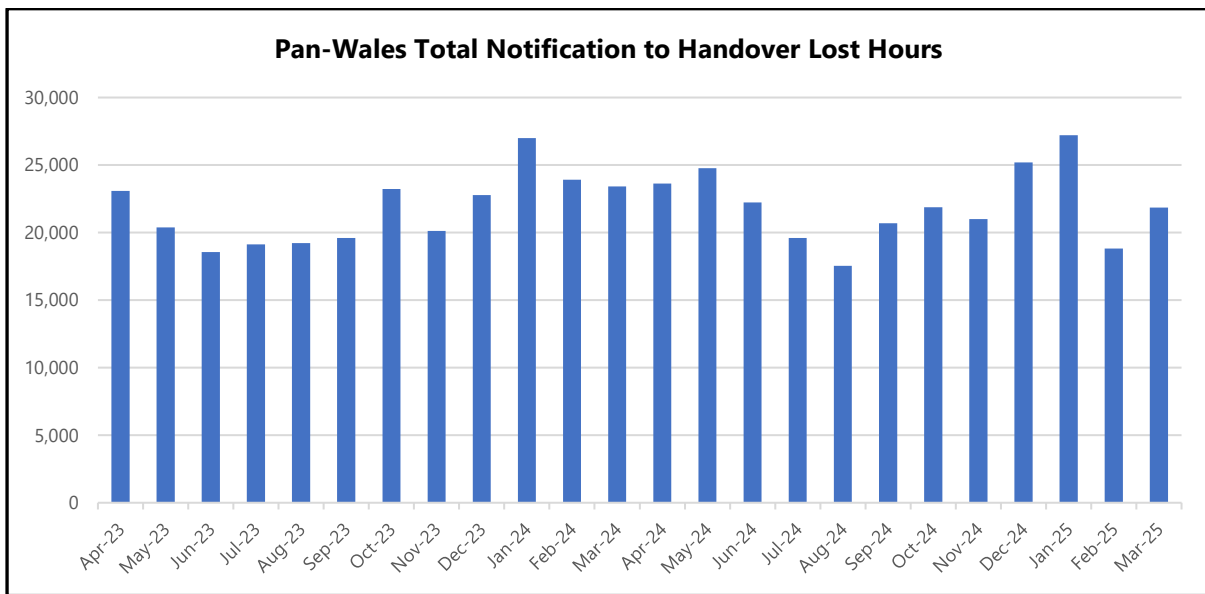
The Trust reviews a number of indicators which aim to demonstrate how it provides a service in line with statutory financial duties, and of high value and efficiency. This area of the Performance Report will be strengthened over time as the value-based health care programme continues. The Trust achieved financial balance in 2024/25, with a small revenue surplus of £70,000 alongside delivering capital expenditure within its Welsh Government set Capital Expenditure Limit, thereby meeting its statutory duty to breakeven during this financial year.



Gross savings of £6.838m were achieved against a target of £6.421m, thus an over achievement of c.6.5%. The Public Sector Payment Policy was on track with performance of 97.7% for the number, and 98.9% of the value of non-NHS invoices paid within 30 days (target 95%). Further information can be found in the Trust’s annual accounts and financial statements, which have been prepared on a going concern basis.

1.7.4 Partnerships and Systems Contributions

The Trust aims to consider both its impact on the wider system, but also the wider system’s impact on its service. Although handover lost hours reduced in 2023/24 compared to 2022/23, they have risen again over the past year, averaging 22,003 hours per month during 2024/25 compared to 21,700 a month in 2023/24. This figure remains extreme and equates to 1,834 twelve-hour shifts and meant the Trust could have responded to over 3,454 more patients each month if handovers were reduced. The total ambulance hours lost during 2024/25 was 264,393, meaning the Trust is losing between a quarter and a third of its conveying ambulance production.

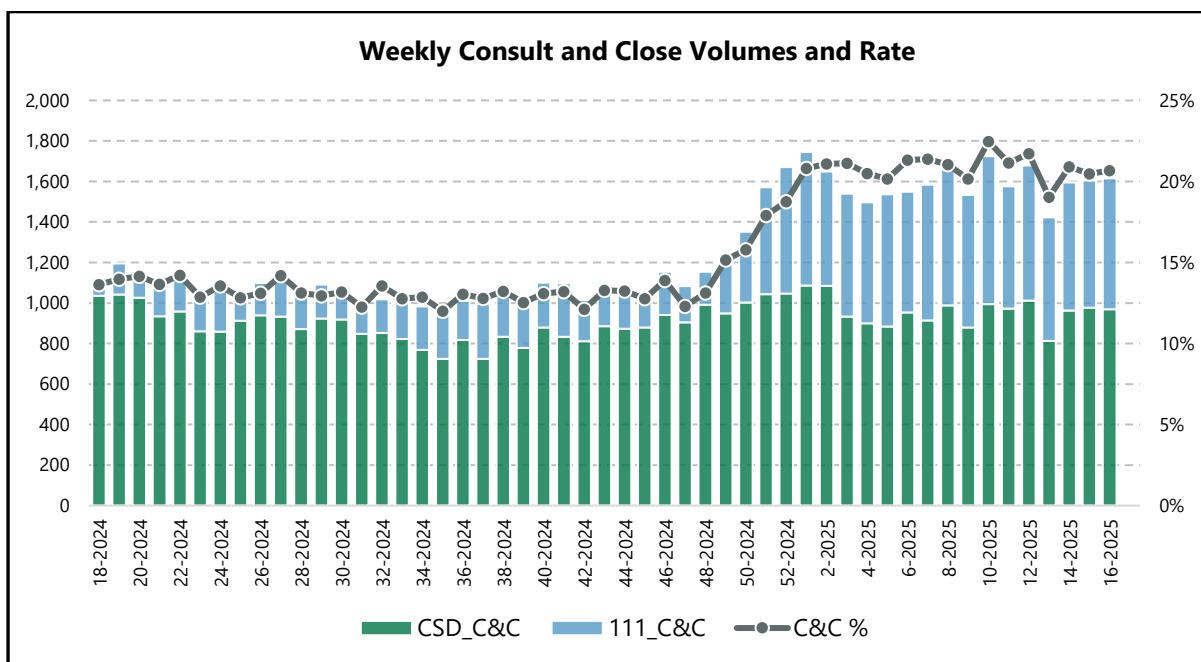


The Trust is aware that Health Boards introduced urgent and emergency care escalation frameworks during 2024 to try and reduce lost hours to handover, following strong messaging from Welsh Government and the Cabinet Secretary for Health and Social Care that this issue must be tackled as a matter of priority.

Although overall levels throughout the year did increase, there were some positive signs in February and March 2025, with both months showing significant reductions on the same period last year. Although early days, this may be due in part to the reduction in the number of conveyances seen into EDs since the introduction of the Remote Clinical Screening process, as part of the CMT programme.

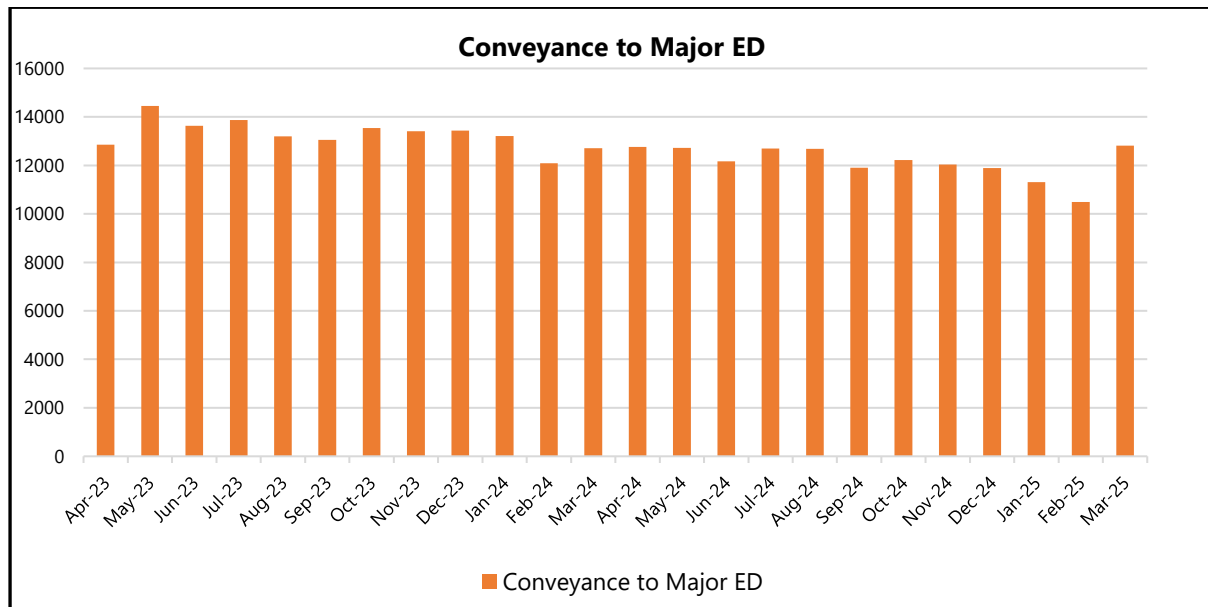
The Trust is committed to transforming its services to become more sustainable, to get patients to the right service, in the right place, every time, and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care, something which is at the forefront of the new CMT programme.

One of the key areas where the Trust already supported the system in reducing demand is 'Consult and Close' through the work of the CSD and 111. The 2024/25 'Consult and Close' WG target was set at 17%. There have been some issues with collecting data on this metric from October 2024, due to responding to the new NHS 111 Wales system and interpreting data to correctly identify incidents that originate via 999. However, following more robust reporting, recent data suggests that the figure over the past 4 months has averaged around 20%, as indicated in the graph below.



The Trust's focus is to treat more patients through 'Consult and Close', 'See and Treat' and pathways, therefore avoiding the need for a conveyance to an ED. 'See and Treat' rates and those treated at scene have increased slightly against responded incidents year on year, rising from a monthly average of 17.1% in 2023/24 to 17.8% in 2024/25.

The number of conveyances to a major ED has decreased over the past year, from 159,472 in 2023/24 to 145,698 in 2024/25. This is also over a period when the number of Red incidents, where the patient has been seriously ill, increased by 20.4%.



Another key component of the Trust’s long-term strategy is that more paramedics than ever before are being supported to undertake further education to become APPs, with evidence showing that the additional knowledge and skills reduce rates of conveyance to hospital. During 2024/25 APP establishment grew from 88.5 to 112.9 (24.4 FTE growth).

The Trust is now a member of all seven Regional Partnership Boards (RPB), or a substructure thereof in the case of Gwent, in Wales. This means that the service now has a voice at these strategic decision-making fora, with other statutory partners, community partners and the third sector; which further aids the delivery of the service’s long term strategy.

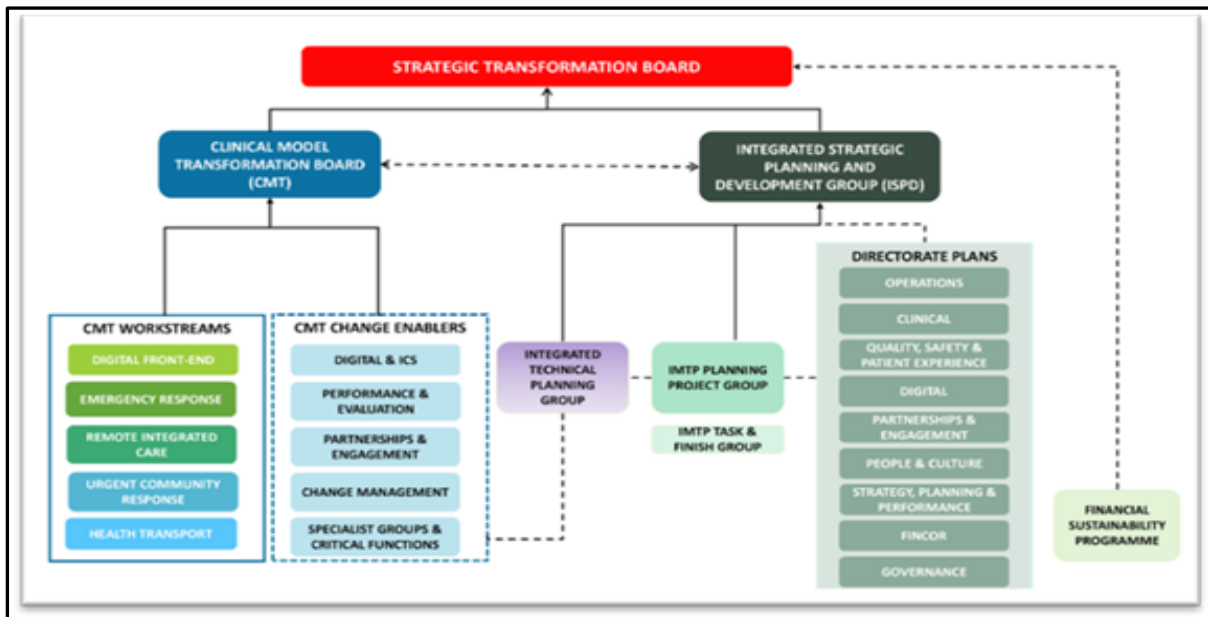
The Trust is represented at these fora by the Director of Partnerships and Engagement, who is also currently the Vice-Chair of the North Wales Regional Partnership Board, and the Executive Director of Strategy, Planning and Performance. Membership of these fora helps the Trust with its engagement, influencing and understanding of common challenges and opportunities, but also has tangible benefits, for example, in providing access to alternative funding flows, such as the Regional Integration Fund (RIF).

While the Trust had hoped to fall under the auspices of the Wellbeing of Future Generations Act 2015 in 2023/24, this was delayed and was instituted from 30 June 2024. During the year, however, the Trust continued to work within the spirit of the Act, which include the development and publication of its wellbeing objectives which were approved by the Trust Board in March 2025. The objectives set by the Trust can be viewed on the Trust website: [Our Wellbeing Objectives: Focused on the Future](#).

The Trust has refreshed its engagement framework and delivery plan. The framework and a planned focus on working with stakeholders and the public on new solutions for the Trust as an ambulance service, while making a positive impact on the wider health and care system. A programme of positive engagement with our stakeholders, patients and the public will continue in 2025/26 on how the Trust can ensure its services better meet the needs of the people it serves going forward.

1.7.5 Integrated Medium-Term Plan (IMTP) Delivery

The IMTP delivery structure was reviewed in 2024, and previous transformation programmes were brought under the umbrella of a single CMT Programme with wider IMTP actions delivered through Directorate plans. Both the CMT and Directorate led IMTP programmes of work report to the STB.



The STB continued to meet regularly (every six weeks) during the year, delivering significant transformation despite the increased operational and financial pressure across NHS Wales across the urgent and emergency care system. The infographic overleaf shows some of the delivery across the breadth of the IMTP throughout 2024/25.

Good progress was made in all areas, including in areas such as digital, estates and fleet. There were some areas that we were not able to achieve, including continued delay to the re-rosters in NEPTS and a demand and capacity review in 111. However, these have now progressed with delivery expected in 2024/5. The development of the 111 website and updated symptom checkers remain a priority but could not be delivered in 2024/25 as funding has not yet been agreed. Key deliverables in 2024/25, however, were the implementation of the new 111 system in April 2024 which paved the way for some important changes to the Trust is going to make through the CMT programme, and the implementation of Rapid Clinical Screening of 999 calls.

1.7.6 Managing Risk

There is a detailed narrative on the Trust's capacity to handle risk within the 'Capacity to Handle Risk' section of the Annual Governance Statement, within the Accountability Report.

DELIVERY AND PERFORMANCE ANALYSIS

The Delivery and Performance Analysis section provides commentary on the Trust's key performance measures and a more detailed integrated performance analysis of the Trust's service delivery.

1.8 Our Patients (Quality, Safety and Patient Experience)

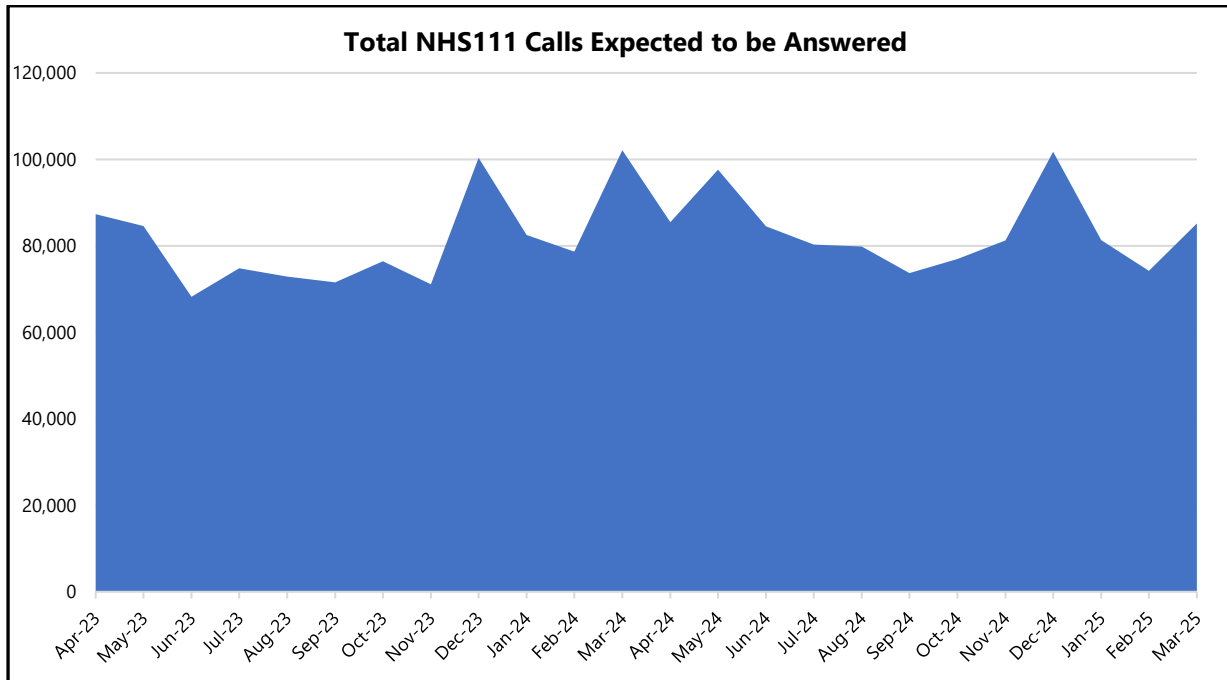
Call Answering

For many of the Trust's patients, the first point of contact with the Trust is the **111 service**, which has been live across the whole of Wales since early 2022.

Performance within this area saw a drop off during early 2024/25, primarily due to the implementation of the new 111CAS system, which went live on 30 April 2024. In the run up to this implementation staff were abstracted for training and in addition recruitment was paused.

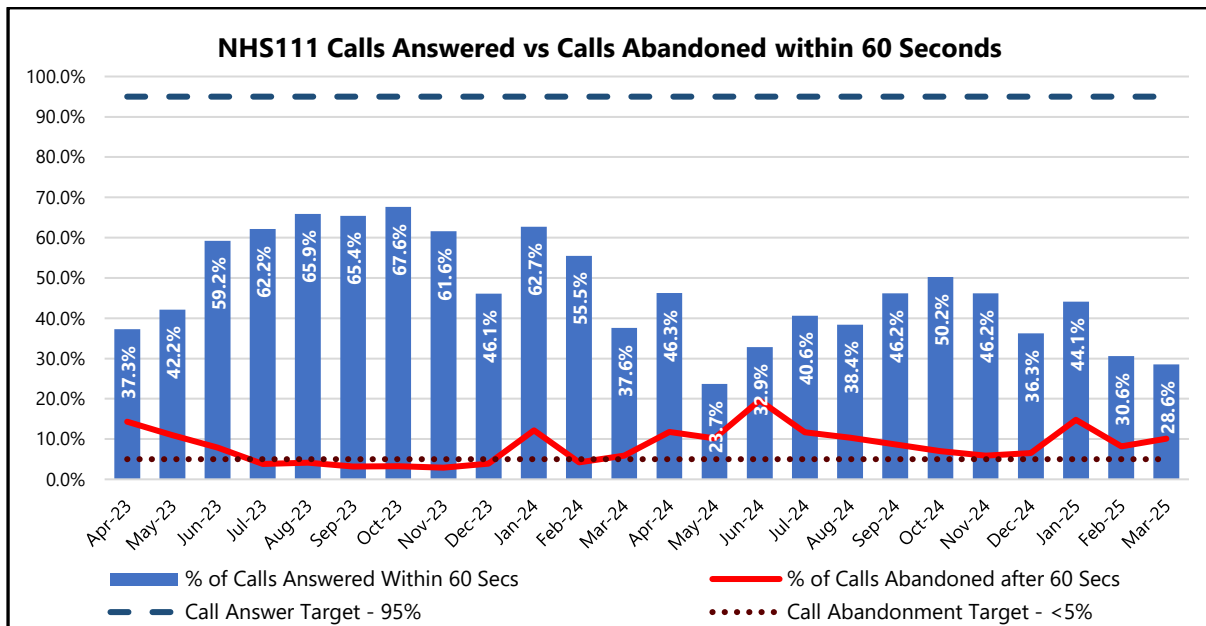
Following 'go live' staff were familiarising themselves with the system, which had a further impact on efficiency. Although performance did start to improve from June 2024, Winter pressures and high levels of sickness absence in December 2024 did have a further impact.

Over the past year the number of calls received into the 111 service has increased, rising from 970,684 111 calls in 2023/24 to 1,002,211 calls in 2024/25.

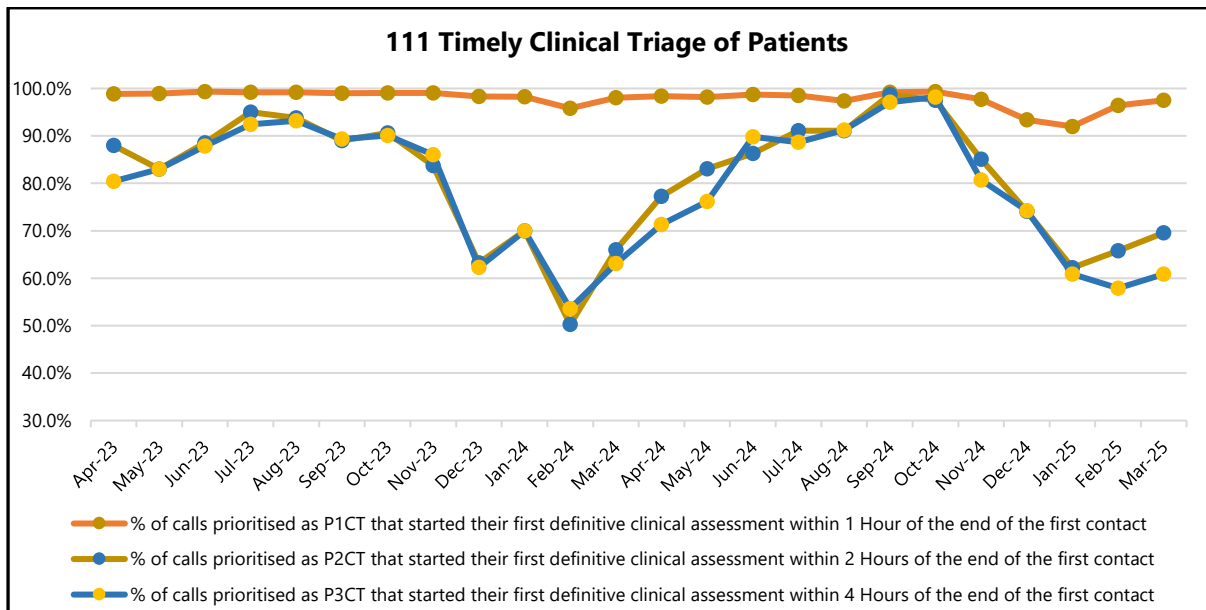


In the **111 service**, the Trust measures the quality of the service it provides through call answering times and clinical ring back times. The Trust aims to answer 95% of calls within 60 seconds and to have an abandonment rate of less than 5%, illustrated in the graph below.

The graph below highlights a drop off in performance during 2024/25, for reasons alluded to in the paragraph above. It shows that 38.8% of calls were answered within the 60 second target during 2024/25, compared to 54.8% in 2023/24. Abandonment rates also declined, increasing from an average of 6.6% in 2023/24 to 10.4% during 2024/25, with the 5% target not being achieved in any of the 12 months. However, the Trust has now implemented a virtual queueing system, so a caller can elect to hold their position within the queue and be rung back rather than have to wait on the line.

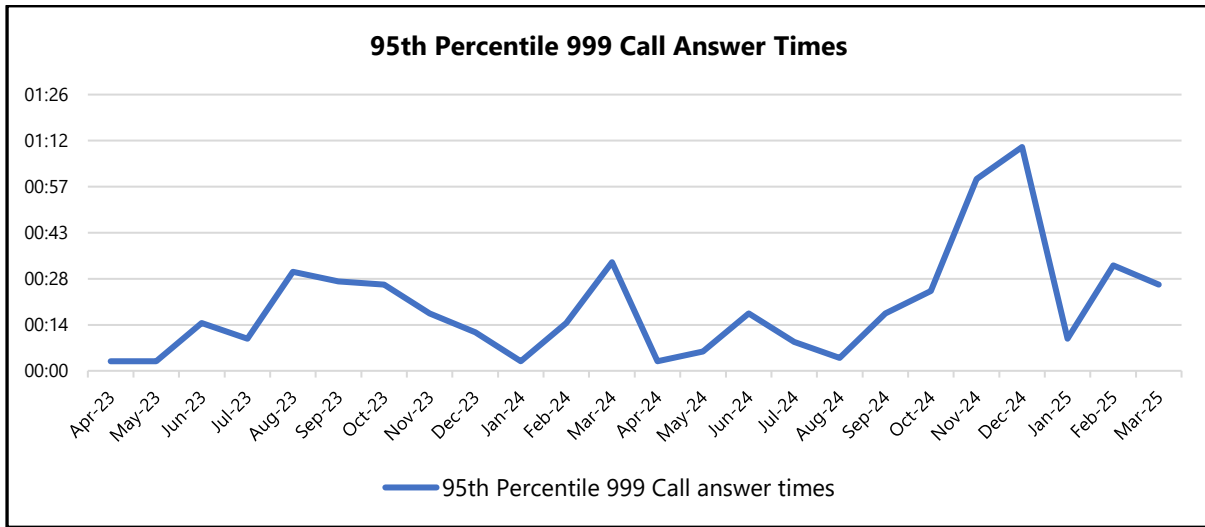


In relation to clinical ring back for triage, the Trust consistently achieved the one-hour target of 90% for highest priority patients (Priority 1 Clinical Triage – P1CT), averaging 95.6% during 2024/25. Performance for lower priority calls, after achieving the 90% target between August and October 2024, deteriorated in the second half of the year, falling to around 60% in January 2025. For the year this meant, that on average, 81.6% of patients prioritised as Priority 2 Clinical Triage (P2CT) received a clinical ring back within two hours of the end of the first contact and 78.9% of patients prioritised as Priority 3 Clinical Triage (P3CT) received a clinical ring back within four hours of the end of the first contact.



Patients have provided feedback on long wait times and there is potential for these waits to have a knock-on effect on both 999 and the rest of the urgent and emergency care system. The Trust is acutely aware that improved performance in this area is closely linked to having the correct number of clinicians in post to meet the current and expected demand, which forms a part of the 111 roster practice review being undertaken in early 2025/26. Performance in this area has also been affected by a high level of clinician sickness absence, especially long-term absences. Actions are also being taken to improve this position.

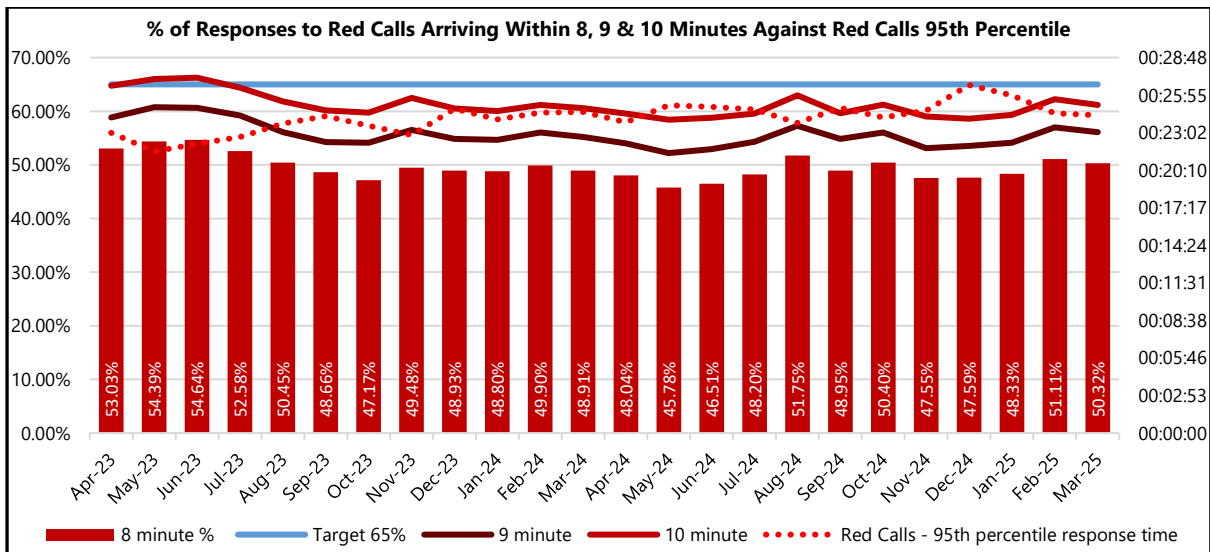
Within the 999 service, the Trust assesses the quality of the service it provides through a range of response time metrics, clinical indicators, and outcome measures. Call answering performance has seen a slight decline during 2024/25 within the 95th percentile of calls averaging 23 seconds, compared to 16 seconds in 2023/24. However, the median call answer time has remained at 2 seconds which is a positive.



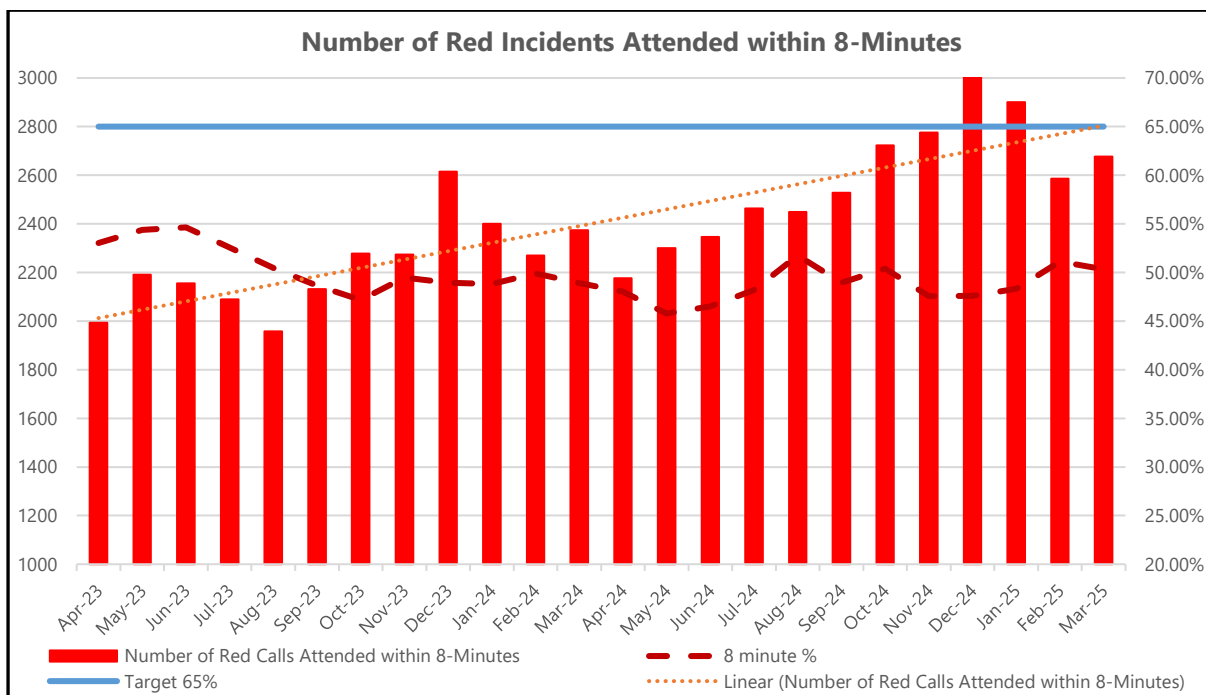
The NEPTS call taking function saw an increase in the average speed of answer during 2024/25, rising to four minutes six seconds, compared to two minutes 17 seconds in 2023/24.

Response Times

The headline patient metric for the Trust is Red eight performance; this is the percentage of Red (immediately life threatening) incidents responded to within eight-minutes. The Trust has unfortunately seen no clear improvement in performance against the Red eight-minute target over the past two years, with the average figure for 2024/25 of 48.7% being a decline from the 50.4% seen during 2023/24 and remaining short of the Welsh Government's 65% target.

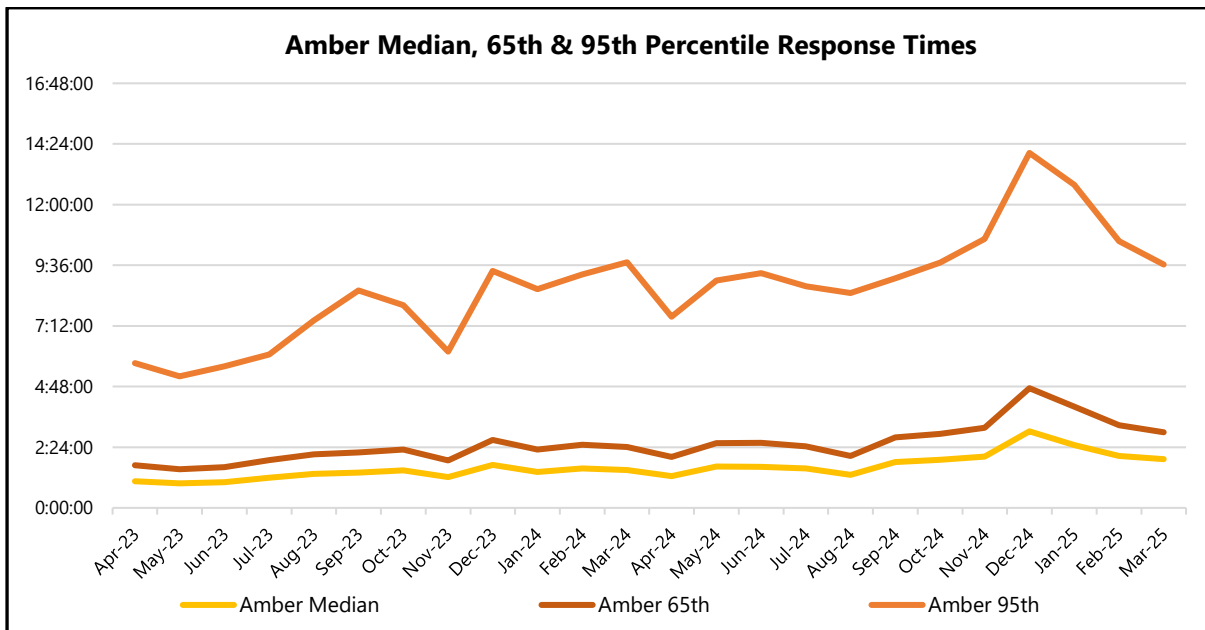


However, there has been a clear increase in the volume of Red incidents attended within eight minutes, as can be seen in the graph below. In 2022/23 the Trust was attending an average of 1,966 Red incidents per month; during 2023/24 this figure rose to 2,227, and during 2024/25 this figure increased again to 2,591. This would indicate an improvement in overall performance, but due to a rise in the number of verified Red incidents over the past year (20.5% increase) this has not been replicated within the Red eight percentage figures.



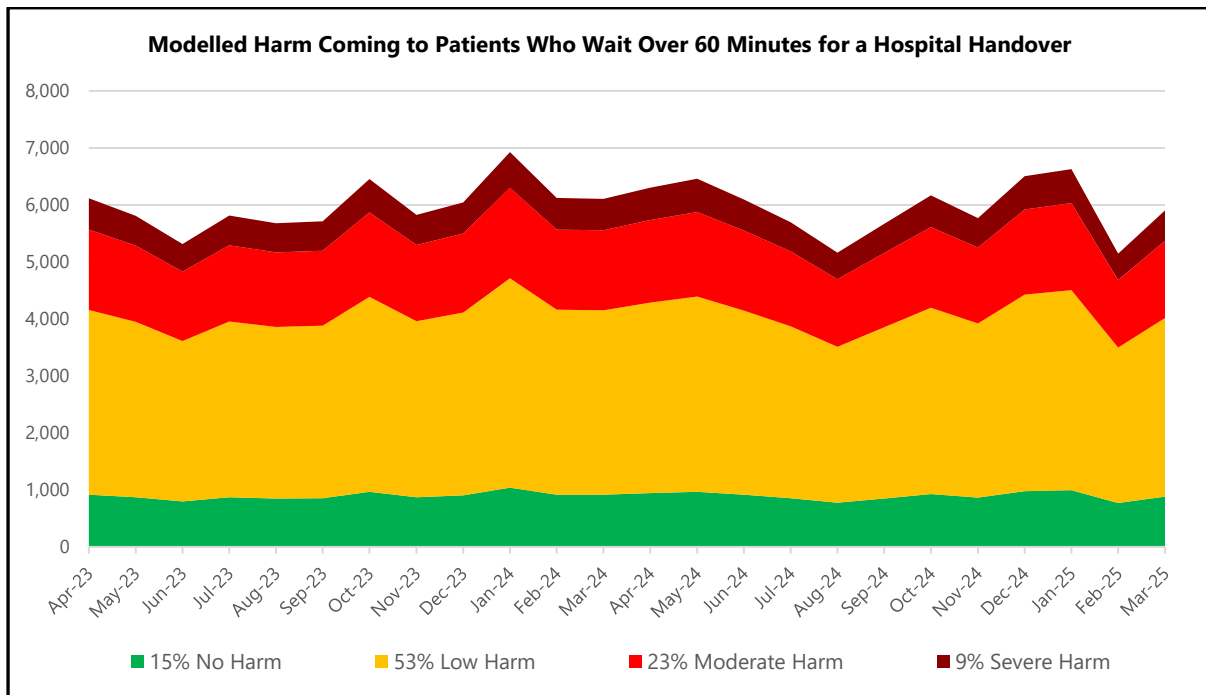
The Trust knows that the bulk of patient safety incidents occur in the Amber category. The Trust’s risk register reflects the high concern about long waits in the community and long waits outside hospitals causing unacceptable levels of avoidable patient harm. Although the Trust’s resources have been increased alongside continuing initiatives to help mitigate these risks, potential gains continue to be offset by other factors, in particular, the high levels of hours lost to hospital handovers.

During 2024/25, the Trust’s Amber median performance was 1 hour 47 minutes; a decline compared to the 1 hour 19 minutes recorded during 2023/24. The year also saw the 65th percentile decline to 2 hours 39 minutes and the 95th percentile to 8 hours 23 minutes.



As previously identified, there are many reasons for longer response times, which include increases in Red demand (rising from an average of 4,489 a month in 2023/24 to 5,406 in 2024/25) and overall acuity; but lost ambulance hours to very long hospital handovers remain the main contributory factor. It has been identified there is a clear correlation between hospital handover lost hours and higher Amber response times.

Notification to handover lost hours averaged 724 hours per day throughout the year and meant that the Trust could have responded to approximately 82,000 more patients if handovers were reduced to target levels, which highlights the impact these numbers are still having upon the system. The modelled harm for patients waiting over 60 minutes for a hospital handover can be seen in the graph below.



Although funding streams remained similar for 2024/25 in comparison to 2023/24, work has been continuing to address some of the rural to urban imbalances within the trust. There were 80 Newly Qualified Paramedics (NQPs) appointed in the Autumn and the majority were recruited into rural areas of Betsi Cadwaladr University Health Board, Hywel Dda University Health Board and Powys Teaching Health Board; improving our staffing levels within these communities whilst also having sufficient levels of staffing in our more urban environments. The Trust has also increased its CHARU establishment to 122.5 FTEs and APP establishment grew from 88.5 to 112.9 (24.4 FTE growth). The majority of these APPs are currently undertaking their MSc course in Advanced Practice, and we are expecting to see the benefit of this recruitment in quarter two of 2025/26.

In relation to the Trust's **Ambulance Care**, demand has been increasing throughout the year; whilst overall Ambulance care demand is still not quite back to pre-Covid levels, patients now requiring an ambulance exceed pre-pandemic levels and average mileage per journey has also increased. Uncertainty around demand remains as Health Boards move through system changes with new days for clinics, and performance in this area remains difficult to forecast. Whilst renal and oncology demand has been stable, outpatient demand is down, and discharge and transfer variable.

The Trust continues to work closely with the Health Boards through the Delivery Assurance Group to deliver the best possible performance for the patient; however, it is likely the service will experience on-going fluctuations in performance until activity begins to normalise once again. A review of capacity against this new demand profile will be required to establish whether service funding remains adequate when compared to the new profile of demand. It is anticipated that there will be challenges in meeting this transitional demand profile.

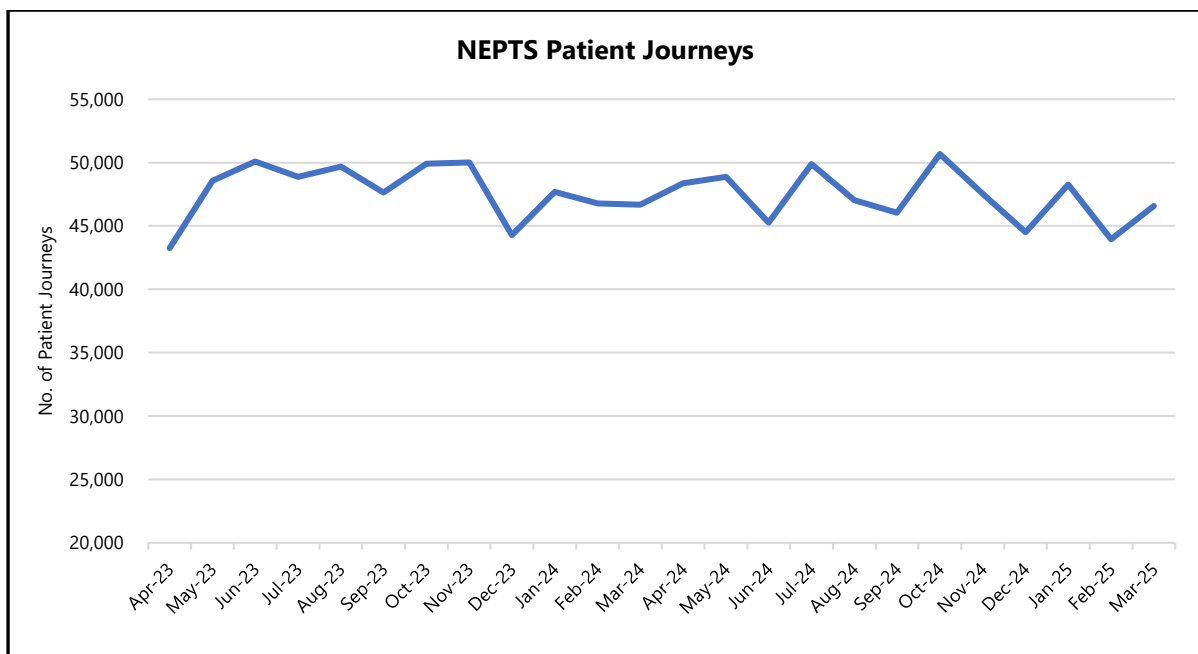
The Trust has recently undertaken a restructure that brought together NEPTS and its Ambulance Care Assistant (ACA) 1 workforce, our Urgent Care Service (UCS) ACA2 workforce, and the Grange Hospital Discharge & Transfer Service, into a new function: Ambulance Care. This is because of the obvious synergy of planned transport. Although funding streams are provided separately, there is an opportunity to develop further discharge and transfer services across Wales.

NEPTS transport performance for patients with needs that require the provision of an ambulance has improved and been stable over the last year. However, increases in demand - in particular for Renal patients and higher mobility patients - does impact on the amount of available resource for outpatient activity. Ambulance Care have negotiated these hurdles through utilisation of its Capacity Management Plan and working more efficiently by increasing its resource capacity from renegotiated private contracts. It has been necessary to apply transport eligibility criteria more strictly, which we understand can be disappointing for ineligible users attempting to access transport services.

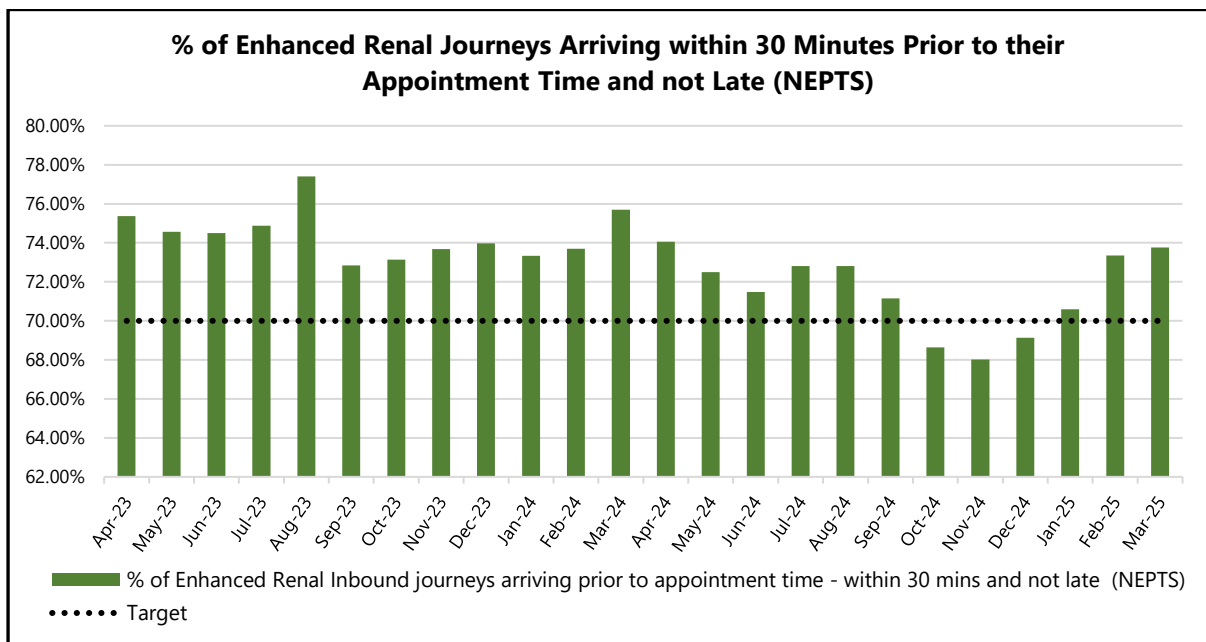
The service is being re-rostered during 2025/26, which will help with the increased demand when implemented. Sufficient workforce and the ability to recruit and retain the NEPTS workforce, particularly within our coordination team will remain an issue during this time. A long term NEPTS strategy workshop was undertaken in quarter one 2024/25 facilitated by commissioners, with the required output to develop a future service vision for NEPTS. It is anticipated that this will be finalised shortly.

Finally, following numerous concerns raised that Unscheduled Care Service (UCS) crews were going to unsuitable incidents, Ambulance Care have been working closely with EMS colleagues to ensure the UCS have a more fit for purpose approach to dispatch that has been modelled, resulting in sufficient ACA2s being funded to deliver this tighter scope.

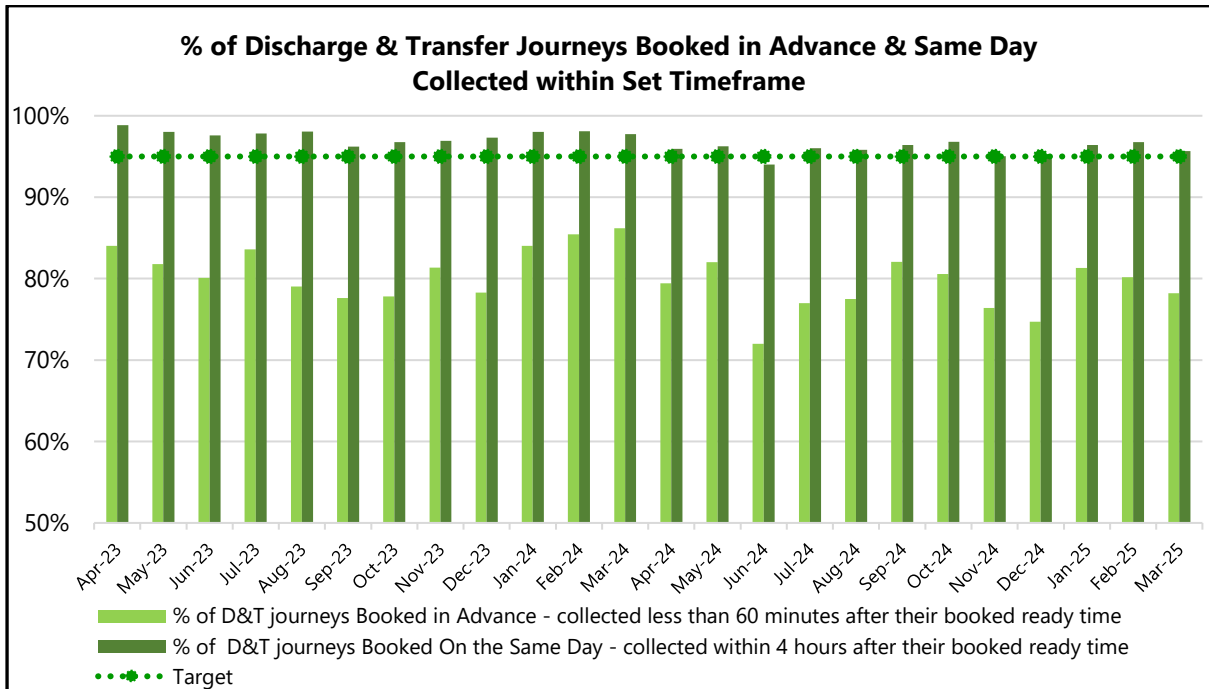
The total number of non-emergency patient journeys undertaken in 2024/25 was 567,008, which while being a further decrease on the 573,463 seen in 2023/24, is still below the 670,353 recorded for 2019/20. However, it should be noted that this new demand profile is now much more complex, with more patients requiring higher levels of support and changes to planned care delivery locations impacting upon journey mileage and planning complexity.



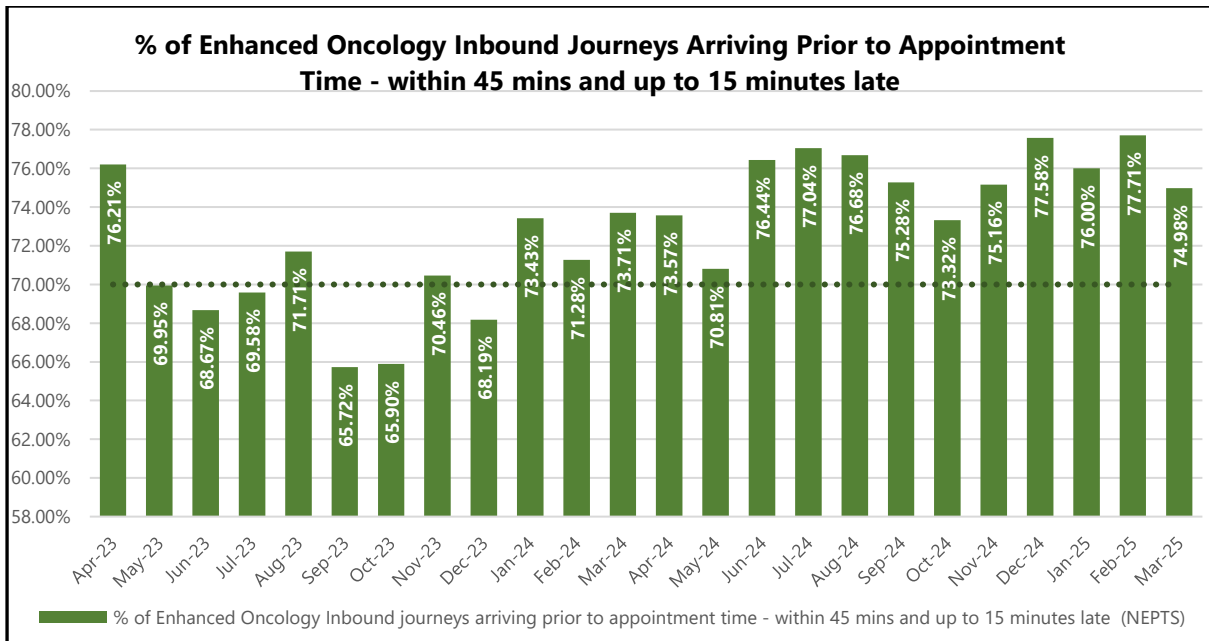
The quality of the service is measured through the various arrival/collection time indicators and new performance standards were introduced in April 2023. Performance has been more stable in some areas, however with enhanced inbound renal patients arriving within 30 minutes prior of their appointment and not late averaged 71.53% for 2024/25, achieving the 70% target in nine of the 12 months.



Discharge and transfer journey performance standards also changed in April 2023 and journeys booked in advance and collected less than 60 minutes after their booked ready time averaged 78% in 2024/25. The standard set for this indicator is 95%, but it is important that this cannot be met without improvements to the efficiency of Health Board advanced planning and subsequent resource reconfiguration. However, journeys booked in on the same day and collected within four hours after their booked ready time is averaging 96% during the same period, achieving the 95% target for 11 months.



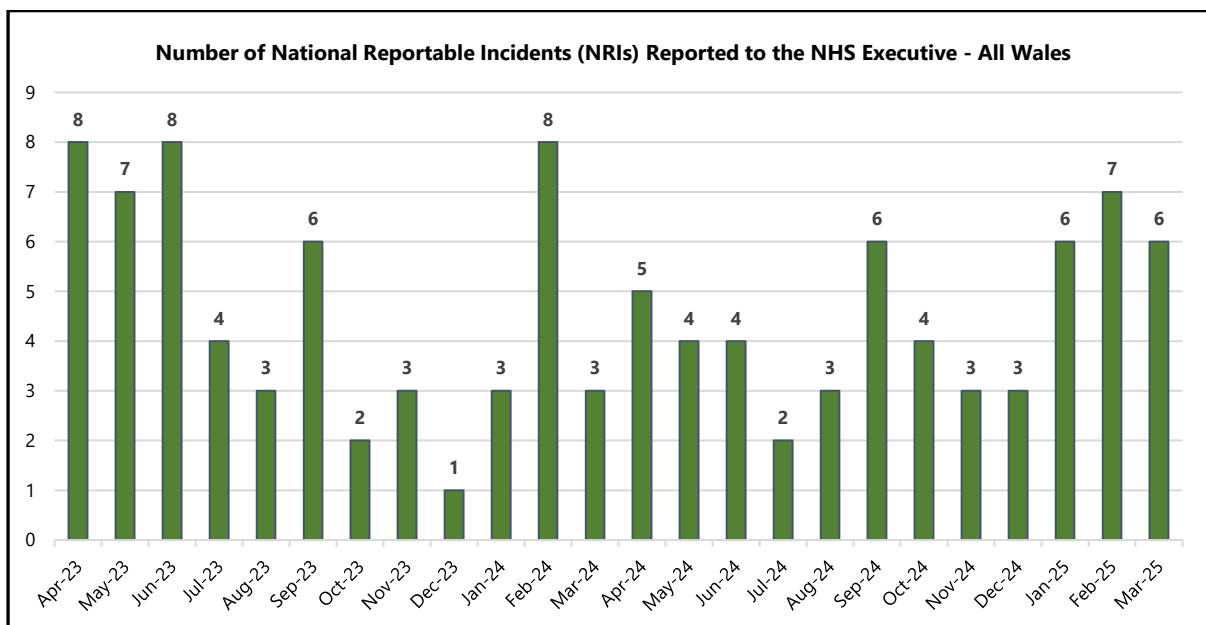
Oncology's new performance standards remain on target with an average 75.38% of inbound oncology journeys arriving within 45 minutes prior to their appointment time, and up to 15 minutes late.



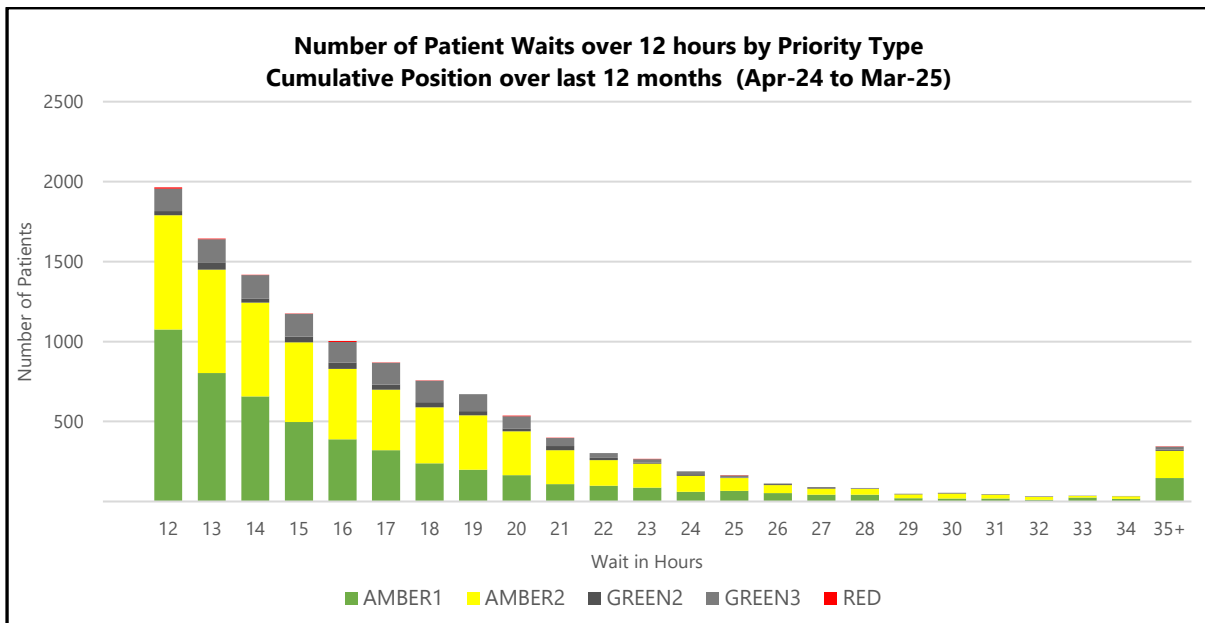
Safety

The Trust actively encourages a positive safety culture and sees all incidents/events as an opportunity for learning and improvement. There were 2,892 patient safety incidents, near misses and hazards reported in 2023/24, compared to 4,400 in 2023/24.

The Trust also saw a reduction in the levels of NRIs and of serious incidents referred to Health Boards for them to investigate. There were 53 patient NRIs in 2024/25 compared with 56 in 2023/24. However, it is recognised that this figure remains too high and reflects the pressures within the health care system. Most, but not all of these NRIs, relate to the Trust’s 999 service.

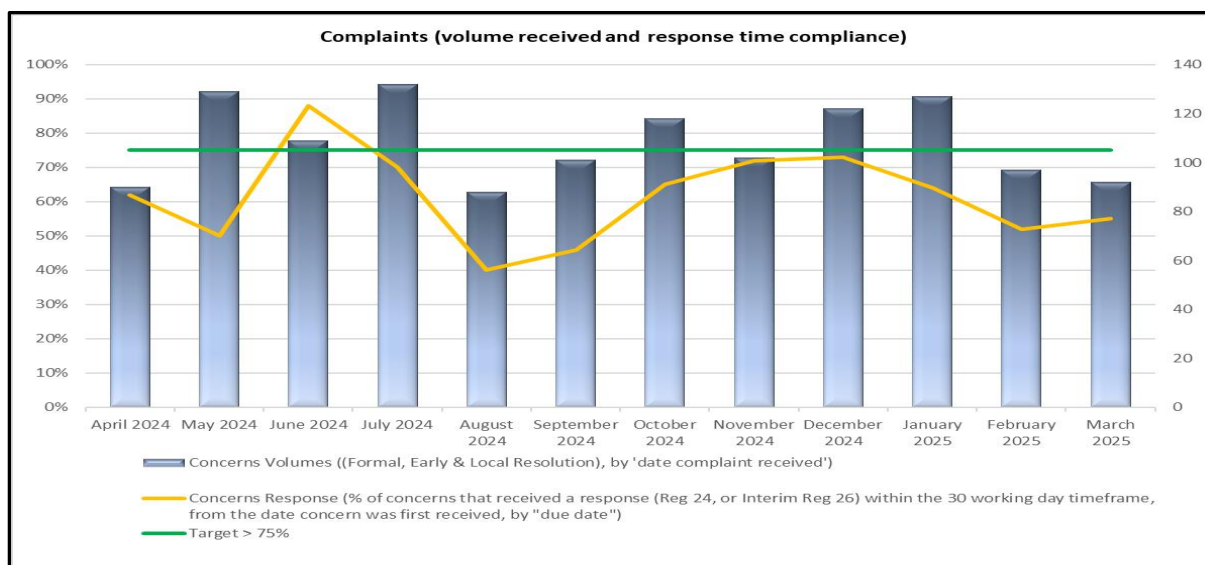


The number of incidents reviewed at the SCIF reported to the Health Boards fell slightly, from 173 in 2023/24 to 166 in 2024/25, although an increase was seen in the last quarter of 2024/25. These are mostly due to long waits in the community caused by handover delays at hospitals, which has seen an increase over the past year. In 2023/24, there were 6,543 patient waits of 12 hours or over, but this number has risen to 10,393 during 2024/25.



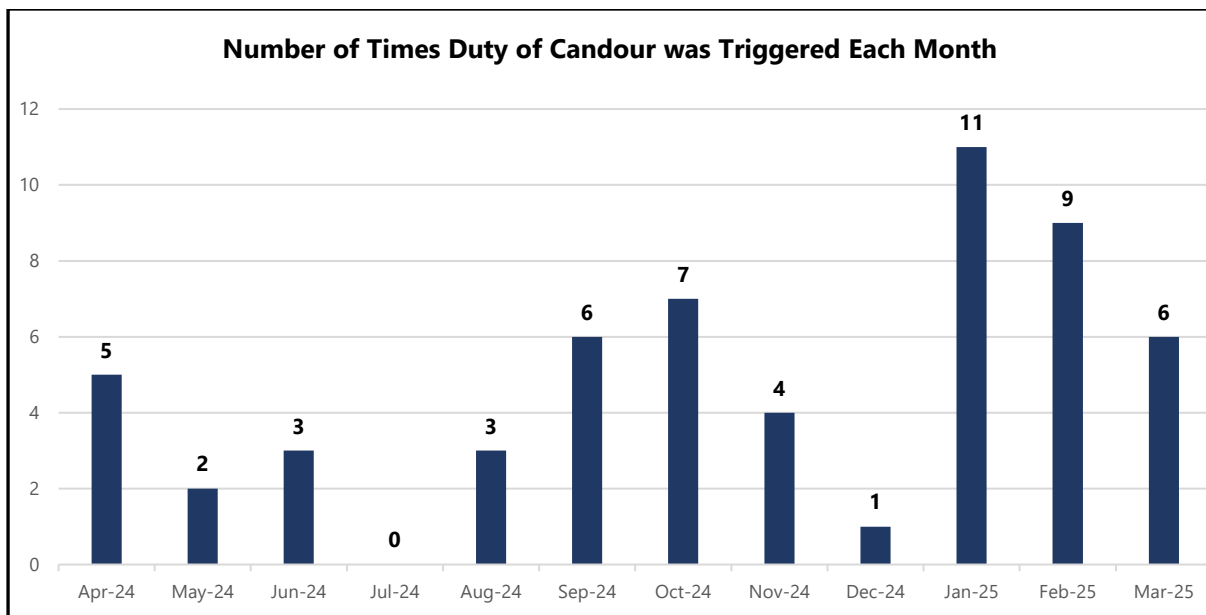
The Trust continues to receive large volumes of complaints relating to delayed response times in the community following 999 calls, as well as complaints about short-notice cancellations or delays for non-emergency transport provided by the Ambulance Care service.

Investment in the Putting Things Right and Legal teams in the Trust has enabled us to provide timelier and more personalised responses to complainants. Full attainment of the 75% target for responses issued within 30 working days has continued to prove challenging when high volumes of complaints are received.



In March 2025, the Trust was named in two Public Interest Reports published by the PSOW for Wales. Throughout the PSOW investigation and publication, our thoughts remained with the families who had lost loved ones, and the additional distress caused that must have been caused by unsatisfactory responses from the Trust. The Trust contributed to the collaborative development of the Ombudsman’s recommendations and the action plans resulting from the reports have now largely been completed.

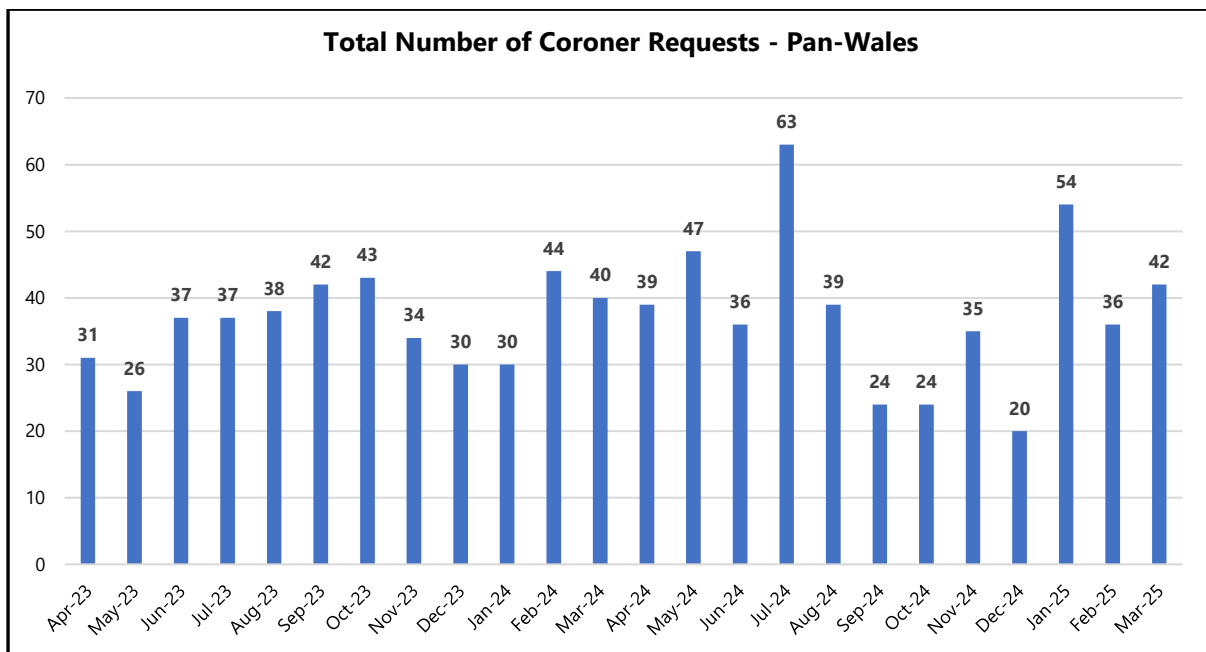
The Trust’s Serious Case Incident Forum continues to review all patient safety incidents where the Duty of Candour may be triggered or where the incident might be classed as a Nationally Reportable Incident. The Trust has demonstrated improvements in its identification of cases which fall beneath the NRI threshold but still trigger the Duty of Candour through increased capacity in the Patient Safety team and access to external data sources to review patient outcomes.



The Trust has been working closely with the national Once for Wales Concerns Management Programme team to develop an electronic joint investigation learning repository. This extended use of Datix Cymru is designed to enhance multi-organisation oversight of patient harm and systemic learning. Themes following joint investigations include high levels of system demand, delayed social care discharges resulting in over-crowded Emergency Departments and lengthy pre-hospital waits,

lack of alternative out of hours pathways, opportunities to improve end of life care and Advanced Care Planning.

The Trust’s approach to learning from adverse events has been strengthened by transferring the Learning From Events Reports portfolio between teams to place the required improvements closer to the conclusion of investigations. Learning and improving from events are discussed at the Quality Management Group (QMG) and the Clinical Quality Governance Group (CQGG).



The Trust has continued to manage a high number of Coroner cases, with high volumes being received due to regional coroner offices addressing their high number of waiting cases. In addition to large case volumes, further pressure is added by the number of statements being requested, increased numbers of witnesses being called and an increase in the use of jury-based inquests. The Legal Services team provides individualised preparation and support to all Trust staff.

During the year, the *All Wales Learning from Mortality Reviews Model Framework (Second Edition)* was published and the Trust has successfully embedded the nationally proposed approach through contemporaneous triage, multi-professional learning panels and our Learning from Death Forum. This work fits within the Trust’s wider commitment to learning from mortality, including from clinical audit, concerns, inquests, patient experience and safeguarding reviews.

The Trust has received four Regulation 28 Prevention of Future Death Reports this year, some of which were issued jointly with other organisations and which largely related to delayed ambulance responses and whether the Trust’s model of call-handling and service delivery remains appropriate in the face of such sustained system pressures. The Trust’s CMT Programme offers a direct response to these issues and will continue, within the structure of our IMTP, to guide our vision for quality-focused and clinically-driven pre-hospital care.

The Safeguarding Team supports the Trust to discharge its statutory duties and provides assurance that they have been met under various acts, including the Social Services and Well-being (Wales) Act 2014, the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015, the Children Act 2004, and the Wales Safeguarding Procedures.

The Executive Director of Quality and Nursing is the Executive Lead for safeguarding within the Trust, and the Assistant Director of Safeguarding takes the strategic lead on all safeguarding-related issues. There is extensive partnership working with Regional Safeguarding Boards and other agencies to support the objectives of Welsh Government, Public Health Wales, the Community Safety Partnerships, the Older People’s Commissioner, and the Children’s Commissioner for Wales. The Safeguarding Team works collaboratively with senior managers and colleagues internally and externally to promote a strong safeguarding culture.

The Trust is committed to fostering an effective organisational culture that encourages professional curiosity, scrutiny, and supports actions required to protect those at risk of abuse or in need of care and support.

Examples of Trust Safeguarding achievements for 2024/2025:

- **Safeguarding Activity:** The Safeguarding Team have responded to a significant increase in safeguarding activity, supporting a Trust response across six Regional Safeguarding Boards for Adult Practice Reviews (APR), Child Practice Reviews (CPR) and Domestic Homicide Reviews. The Senior Safeguarding Team support the Management of Safeguarding Allegations Against Staff and have seen a sharp rise in the number of cases, especially around sexual misconduct.

- **Policies:** The Safeguarding Policy and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy, and all associated Standard Operating Procedures (SOPs) have been reviewed and significantly updated to reflect the current safeguarding landscape.
- **Training and Education:** The Safeguarding Team have developed and updated content to support Trust colleagues to have a thorough understanding of safeguarding themes and trends to enable them to identify and escalate concerns in a robust and timely manner.
- **Quality Improvement:** Implementation of Doc-works Scribe update to enable efficient and accurate safeguarding record keeping.
- **Support, Advice and Guidance:** Over 1,300 colleague enquiries recorded, with the most common reasons being Doc-works Scribe and Reflective/Retrospective Safeguarding Advice.
- **Procedural Response to Unexpected Death in Childhood:** Involved in 58 child death cases, contributing to Public Health Wales in recognising themes and trends.

Patient Experience and Engagement (PECI Team)

The PECI Team have been focused on capturing the experiences and views of people who have used our services during the year. Peoples experience is defined by what it feels like to access and receive care from the Trust, it is based on peoples' own perceptions of the care and treatment they received.

Key themes reported have consistently focused on response times for an emergency 999 call and the repetitive questioning when someone is calling back. Linked to response times are estimated time of arrivals given to patients not being accurate; even though explanations are provided on why this happens. Although feedback has been generally negative regarding access it has been very positive in relation to the care and compassion that staff have provided to patients once on scene.

Regarding Ambulance Care (NEPTS) it is the wait time for transport home following a patient's appointment that is a regular negative theme; for all other aspects of the service people have reported excellent experience and service.

Through the Trust's continuous engagement, it is aware that parts of our communities (e.g. Deaf and learning disability) are reporting poorer experiences, and work continues to ensure they receive better quality experiences, feedback with areas for improvement being coordinated through the QMG and the National Service User Experience Meetings.

The Trust captured peoples' experiences using a variety of methods including face-to-face engagement, service experience surveys, patient stories, and our 'Have your say' online facility. We recognise that we need to increase our experience data and have been working with Information Governance team on a Data Protection Impact Assessment for submission to the Information Commissioner's Office (ICO) so that we can look to incorporate SMS text messaging to improve our experience returns and widen our reach for feedback.

The 'People & Community Network' has grown over the year with network members participating in a number of activities to improve public facing resources designed to provide health information and support.

On 01 October 2024, the Learning Disability dashboard went live enabling the Trust to view reports on data of a patients' additional need. The dashboard sorts data according to demographics (age range, gender) and other categories i.e. incident closure type and call prioritisation. Within the first six months there were over 1500 ePCR records where an additional need had been recorded.

Convulsions/fitting and breathing problems have been in the top two nature of incidents recorded. This data is valuable in helping to understand the wider national picture of health amongst the learning disability population and their impact on patient experience. The PECCI Team continue to engage with local communities to capture experience data around people's lived experiences to support the ongoing improvements in care and patient experience and outcomes.

The PEI Team received some external recognition for their work around learning disability. A poster abstract entitled 'Improving the experiences and outcomes of learning disability patients when accessing emergency care' was successful for submission under the category of 'Populations' at the Internal Forum on Quality and Safety in Healthcare being held in Utrecht in May 2025. This work has also drawn attention from the emerging network for Ambulance sector learning disability leads.

At the October 2024 National Patient Experience Network Awards (PENNA) in Birmingham, the team had three entries all making the final. The awards recognised best practice in patient experience across all facets of health and social care in the UK. The categories were:

- 'Engaging/Championing the public': promoting our work on improving experiences of people with learning disabilities.
- 'Innovative use of technology/social and digital media': for our work with children and young people in developing the blue light app based on evidence-based research, using technology and digital solutions to engage (Runner-Up in this category).
- 'Partnership Working to improve the Experience': promoting our work across all health, social care, business and voluntary sectors to reach, engage and improve experiences of communities across Wales.

After being named runner up at the PENNA awards in the 'Innovative Use of Technology, Digital & Social Media' category for the blue light gaming app, an evaluation, created in collaboration with Cardiff University, was also published in the EMJ, following its original publication in the BMJ. The latest update to the app included a Cardiopulmonary Resuscitation (CardioPR) awareness game that has attention to medical accuracy and tonality. It is anticipated that this will increase awareness across a critical topic to help improve skills and confidence in using CardioPR.

A member of the team was invited to provide a rapid elevator presentation at the '999 EMS Research Conference: recognising progress, developing the future'. The conference, held in person on Tuesday 17 and Wednesday 18 September 2024 in Cambridge was hosted and supported by East of England Ambulance Services NHS Trust. Our presentation was entitled "When you're hurt, and you need serious help you call 999". Educating children about emergency services and appropriate use of 999: An evaluation study of the Blue Light Hub app".

The app is free to download at Google Play and Apple: -

Google:

<https://play.google.com/store/apps/details?id=com.WelshAmbulance.BlueLightHub>

Apple:

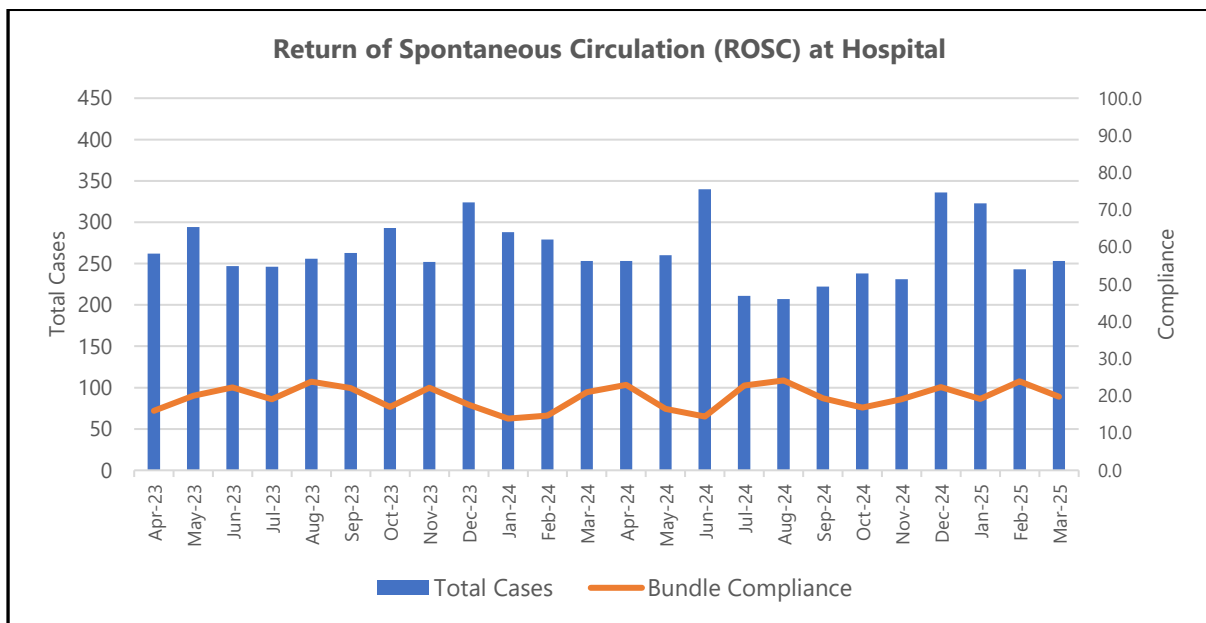
<https://apps.apple.com/us/app/blue-light-hub/id1575745545>

Clinical Indicators

Introduced through 2022, the ePCR is now fully embedded within the Trust and has significantly enhanced the collection and sharing of clinical information. As anticipated, this has led to improvements in the completeness and accuracy of clinical data capture, supporting more robust reporting on the five key clinical indicators: Fractured Neck of Femur (fractured hip), Stroke, ST Elevation Myocardial Infarction (STEMI, (heart attack)) Hypoglycaemia (low blood sugar) and Return of Spontaneous Circulation (ROSC) (from cardiac arrest). Each indicator is made up of individual agreed elements that are all evidenced based and indicative of delivering a better patient outcome. In the Trust all incidents matching the agreed criteria of the five conditions are included in the reporting. Following the embedding of ePCR, further deep dive quality assurance audits and subsequent improvement initiatives, such as the rollout of 'Top Tips' guidance, enhancements to the ePCR user interface, and the development of clinical dashboards have all contributed to improved compliance with documentation standards.

From the start of April 2024, the Trust embarked on a six-month improvement exercise to improve the clinical indicator performance. To support this initiative, a programme of engagement and education was commenced to ensure a robust and consistent message was relayed to all clinicians delivering care and using the ePCR to record their consultations. This included poster campaigns, digital messaging in the form of lock-screen infographics displayed on ePCR devices, and engagement stalls at each of the CEO roadshows across Wales. The six-month improvement plan which was carried out between April and September 2024 delivered an improvement in all clinical indicator compliance.

One of the clinical indicators the Trust currently measures is the percentage of patients who have ROSC at hospital. Although for the year 2024/25 this remains lower than the Trust would want it has shown an improvement on 2023/24.



Of the other key clinical indicators the Trust measures, none of them achieved the 95% target during 2024/25, although there were some improvements in performance seen in many areas.

There were also improvements seen in the percentage of older people with suspected hip fracture who are documented as receiving the appropriate care bundle; the percentage of STEMI patients who are documented as receiving the appropriate care bundle; the percentage of hypoglycaemic patients who are

documented as receiving the appropriate care bundle, and the percentage of suspected stroke patients who are documented as receiving the appropriate care bundle, with the figure for March 2025 of 91.6% being an improvement on the 72.8% reported for March 2024.

The Trust has continued to grow its CHARU service across Wales to a position where it is now just 18 FTE short of its 140.5 FTE target pan-Wales. The Trust is recruiting into this role in quarter one 2025/26 and expect to see the remainder of the vacancies filled in quarter two. This service is aimed at providing a response to a dedicated code set of high acuity incidents by an experienced paramedic with additional medicines and training. They will support clinical decision making, co-ordinate patient care and ensure clinical practice is in line with current best practice guidelines to improve overall outcomes in several of the areas highlighted above, such as successfully increasing ROSC rates.

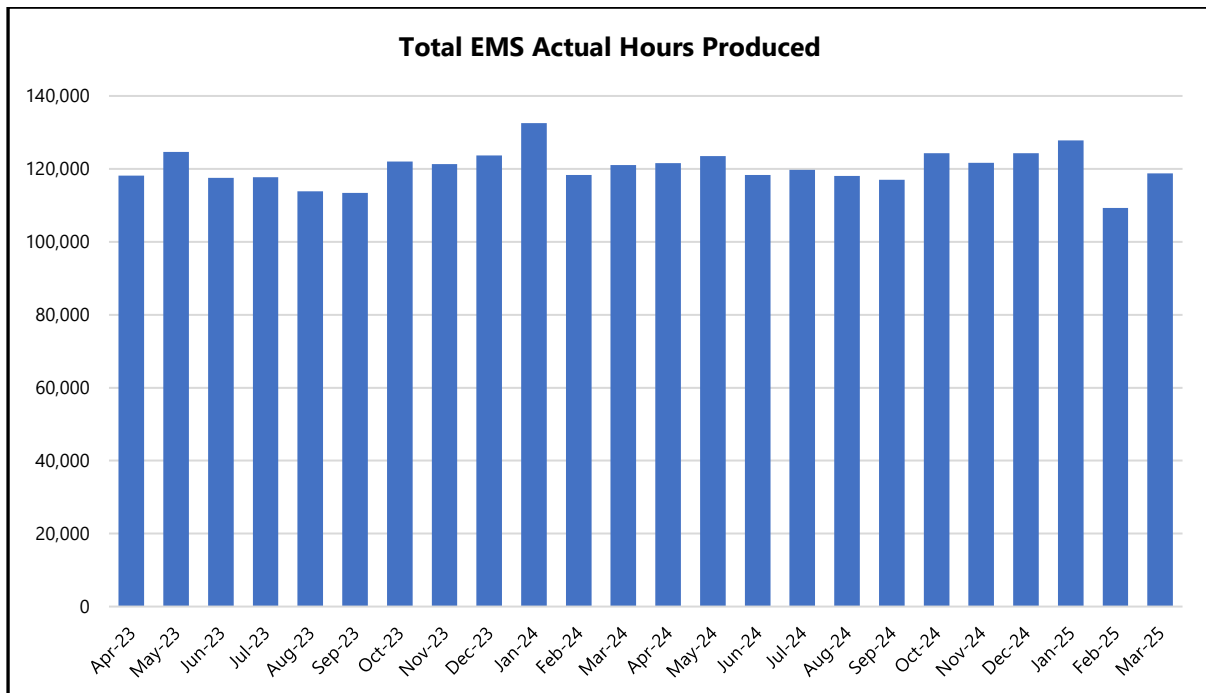
1.9 Our People

In relation to the Trust's workforce, the indicators reviewed at Board relate to whether the Trust has the right workforce capacity in place to meet demand, how the Trust is keeping staff safe and well, and how they are being developed. More detailed and numerous indicators are also considered at the PCC.

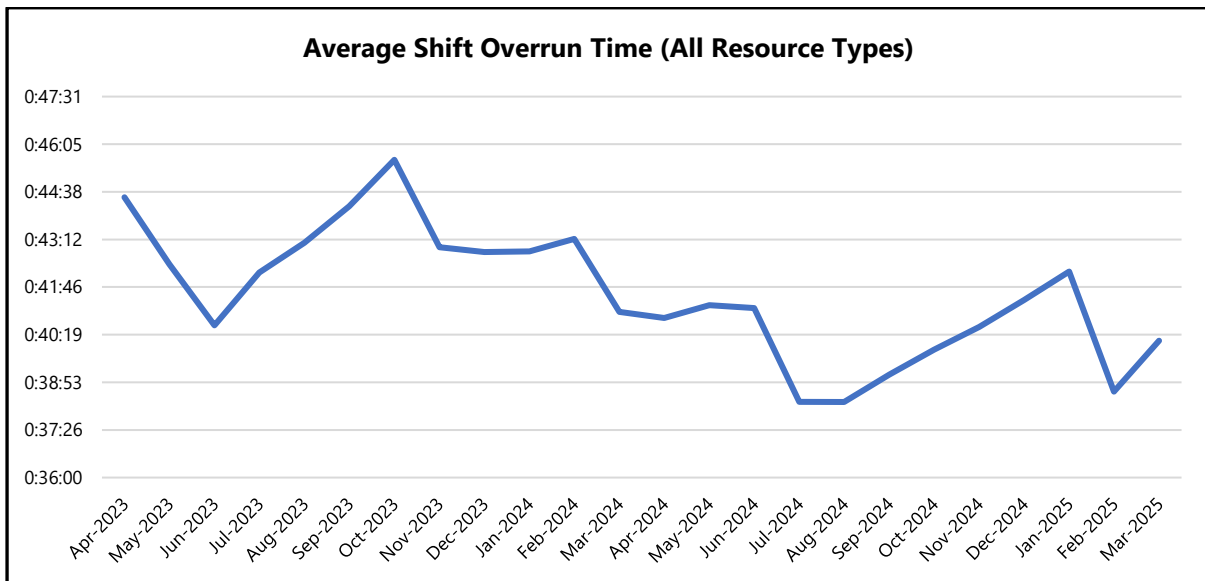
The Trust had a budgeted establishment of 1,823 FTEs for EMS in 2023/24. This establishment increased to 1,904 FTEs in 2024/25. This reflects the Trust's commitment to growing roles such as CHARU and APP in EMS which have seen a considerable rise in the planned establishment. CHARU numbers increased to 122.5 FTEs during 2024/25, while APP establishment grew from 88.5 to 112.9 (24.4 FTE growth). The majority of these APPs are currently undertaking their MSc course in Advanced Practice, and we are expecting to see the benefit of this recruitment in quarter two 2025-26.

Discussions around the future skill mix of our EMS workforce are ongoing, which could have considerable impacts going forward. However, sufficient training capacity has been planned during 2025/26 to enable the Trust to recruit any staff into the organisation, regardless of what grade that may be.

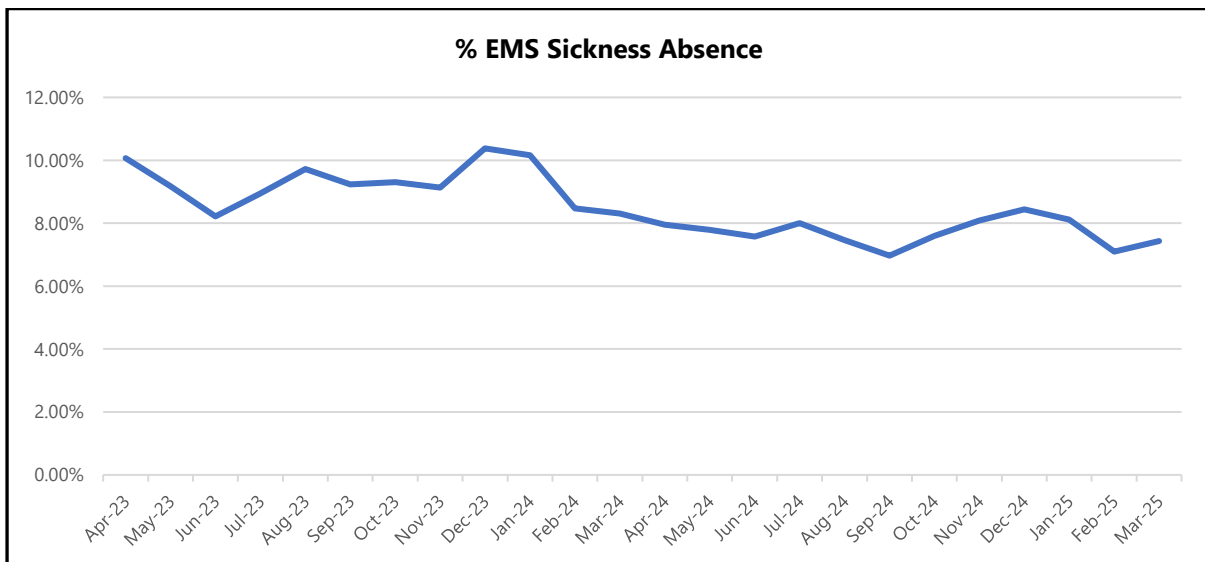
The graph below demonstrates the number of EMS ambulance unit hours it is able to produce in 2024/25 compared to the previous year and highlights it has remained relatively stable. In 2024/25, 1,444,419 actual hours were produced compared to 1,444,431 hours in 2023/24. These hours are an uplift in the number of EMS hours produced compared with previous years, prior to 2023; but this gain has been offset by the continued high number of hours lost to handovers at hospital.



The Trust has also seen a reduction in the average number of shift overruns during the last year, as can be seen in the graph below. This highlights that the average shift overrun per month has reduced from 42 minutes 58 seconds during 2023/24 to 40 minutes 8 seconds in 2024/25.

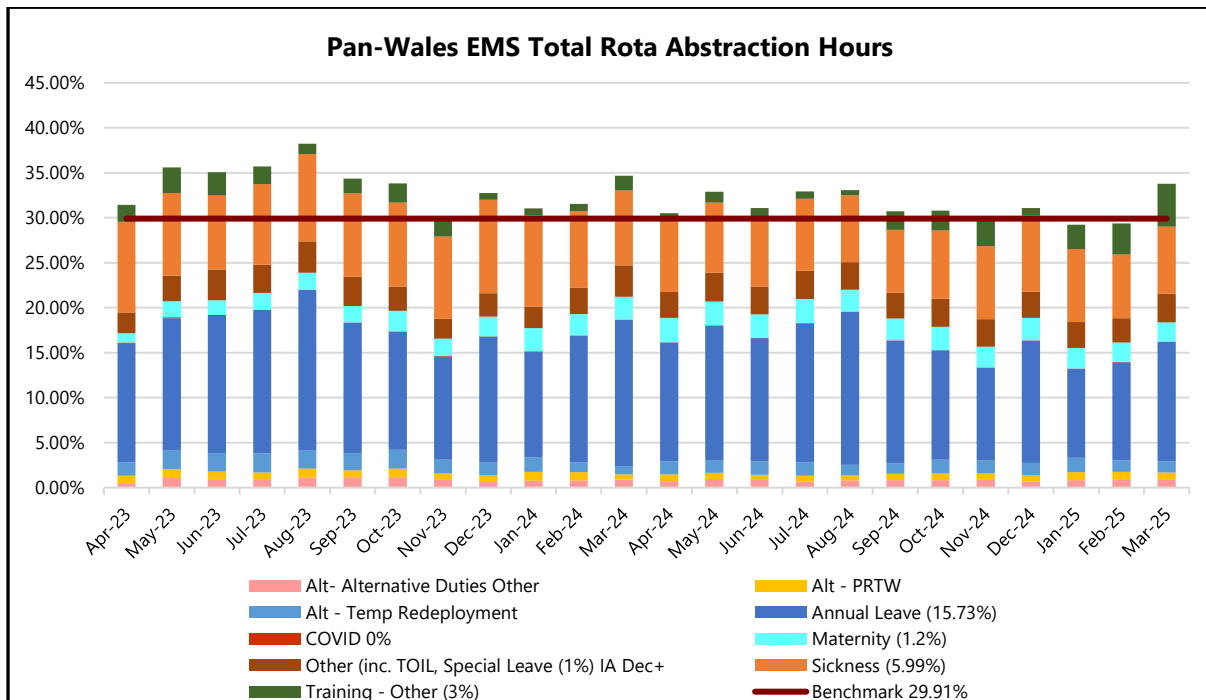


Another key factor in the Trust’s ability to ensure capacity to meet the demand is the impact of roster abstractions, and this also provides an indicator of our people’s well-being. To support the workforce there has been an ongoing focus on well-being activities across all areas of the Trust, including those in both frontline and support roles.



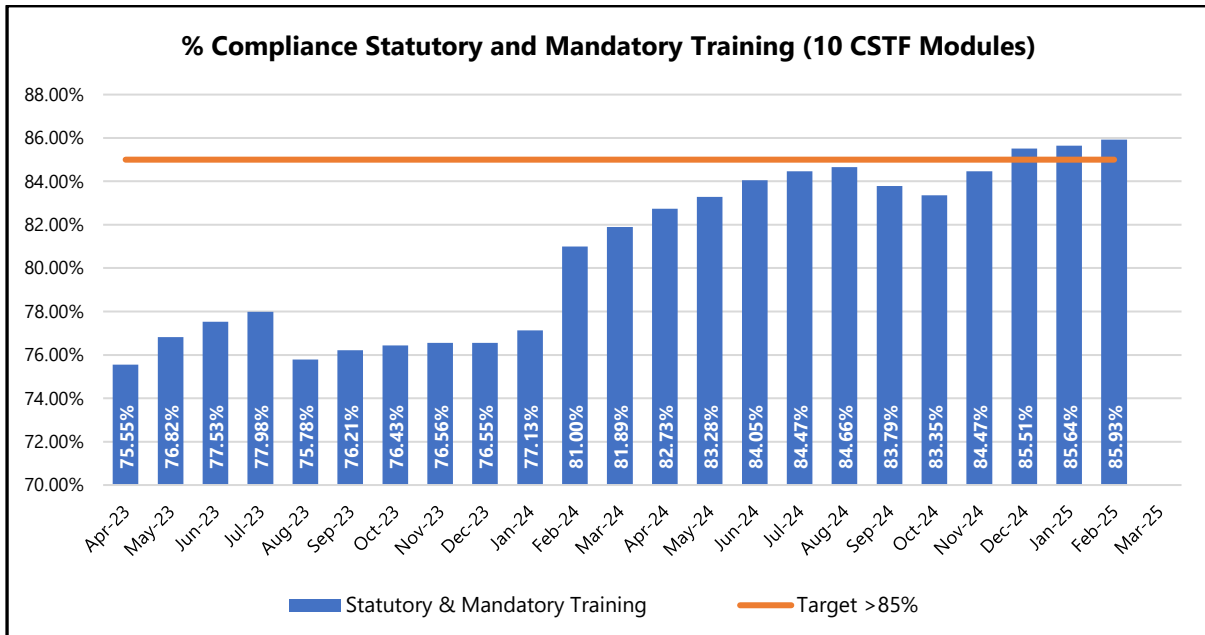
The graph above shows the level of abstractions due to sickness over the past two years for EMS staff. In 2023/24, the average sickness rate per month was 9.26%, but this rate reduced to 7.71% during 2024/25. However, this figure still remains above the Trust’s year-end sickness target of 6%.

The graph below shows there has been an improvement in overall EMS abstractions over the past two years, with a monthly average rate of 31.3% in 2024/25 compared to 33.7% in 2023/24. The 30% target has also been achieved in three of the past six months having only been achieved once prior to this over the past three years.

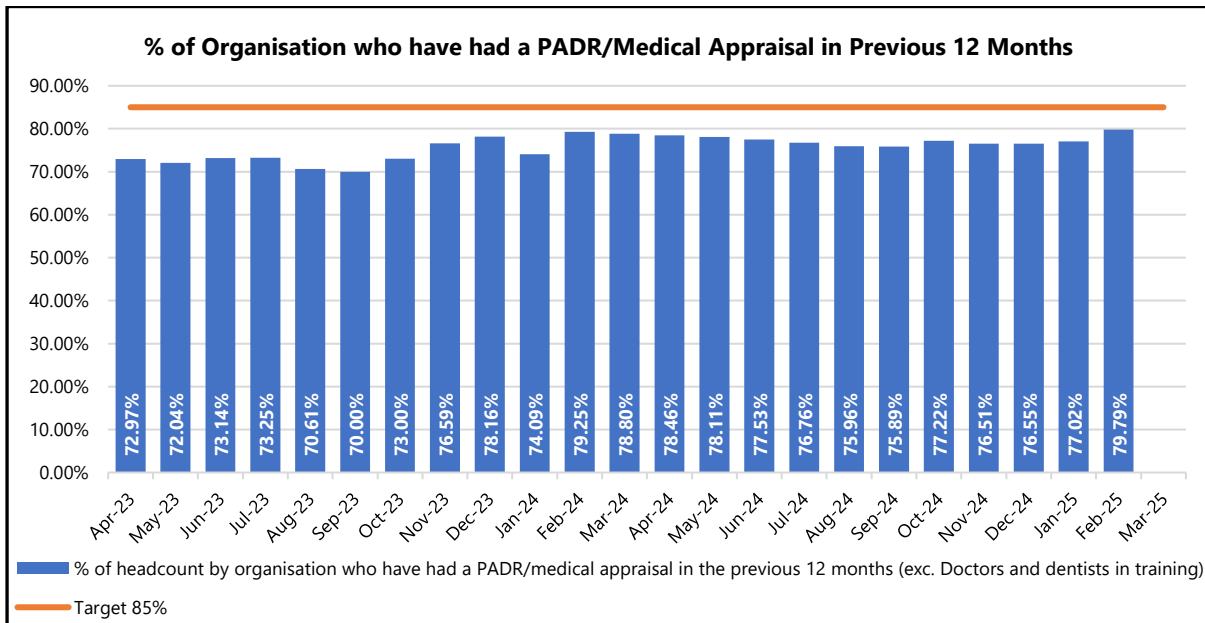


Conflicting pictures were seen within 111 and Ambulance Care. 111 saw an average abstraction rate, due to sickness, of 9.3% in 2024/25, up from 8% the previous year, while Ambulance Care saw sickness rates drop from 10.3% in 2023/24 to 9.5% in 2024/25. The Trust is fully aware that sickness absence needs to remain a major area of focus over the coming year in order to ensure that sickness reduction targets are met and is fully committed to a number of initiatives including training for managers and wellbeing sessions for staff. The full sickness rates can be found within the Staff Report, within the Accountability Report.

Statutory and Mandatory Training rates achieved the 85% target overall at year end, recording over this rate for the last four months of the year. This follows a gradual improvement seen since January 2024.

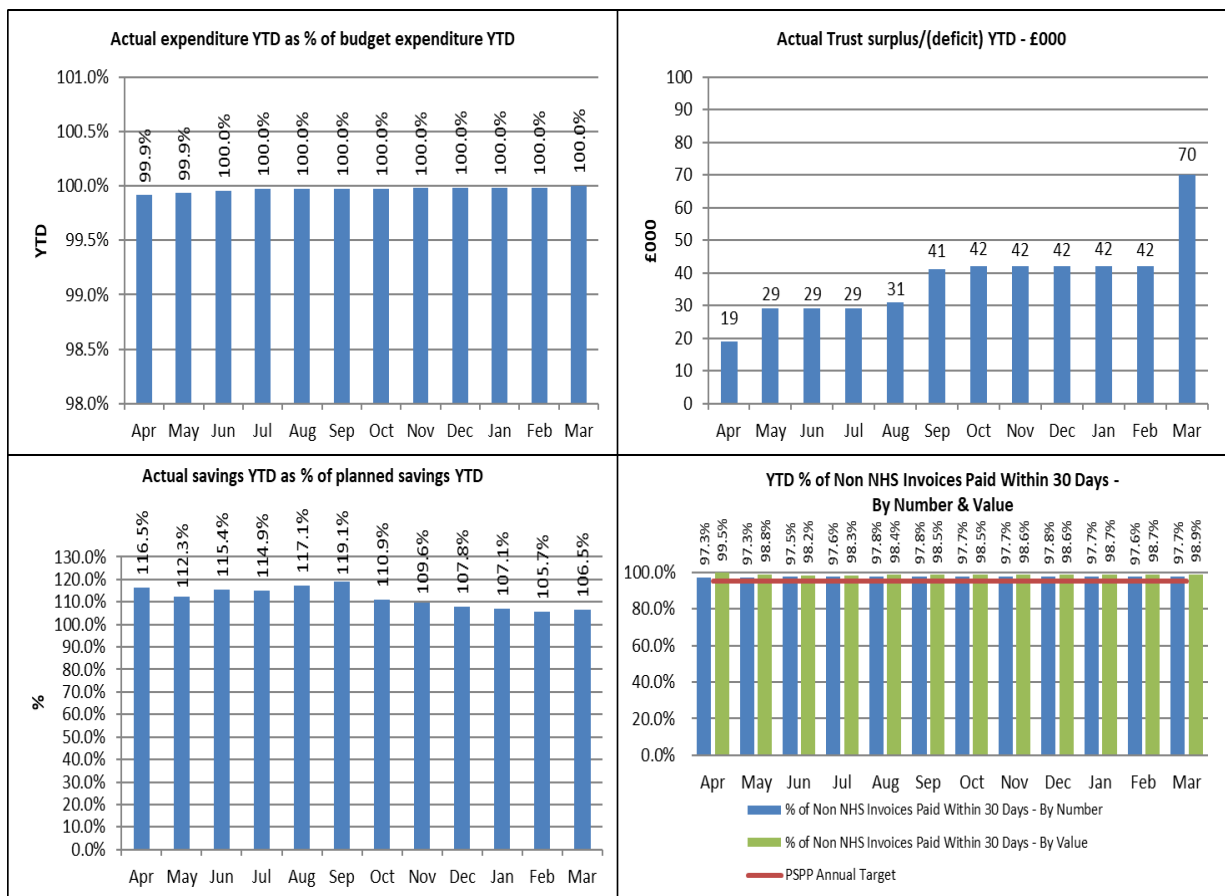


In terms of staff development, the Trust views levels of PADRS as the best way of representing development at a high level. Although the year end figure for 2024/25 of 79.8% failed to achieve the 85% target, it has shown a sustained gradual improvement over the past two years.



1.10 Finance and Value

The Trust reviews a number of indicators which aim to demonstrate how it provides a service in line with statutory financial duties, and of high value and efficiency. This area of the Performance Report will be strengthened over time as the value-based health care programme continues. The Trust achieved financial balance in 2024/25, with a small revenue surplus of £70,000 alongside delivering capital expenditure within its Welsh Government set Capital Expenditure Limit, thereby meeting its statutory duty to breakeven during this financial year.



Gross savings of £6.838m were achieved against a target of £6.421m, thus an over achievement of c.6.5%. Public Sector Payment Policy was on track with performance of 97.7% for the number, and 98.9% of the value of non-NHS invoices paid within 30 days (target 95%). Further information can be found in the Trust's annual accounts and financial statements, which have been prepared on a going concern basis.

The Trust's financial plan for 2025/26 is one of balance but predicated around delivering a savings target of c£8.5m which is c£2m more than the 2024/25 planned target.

1.11 Non-Financial Performance Information

Human Rights, Diversity and Equality

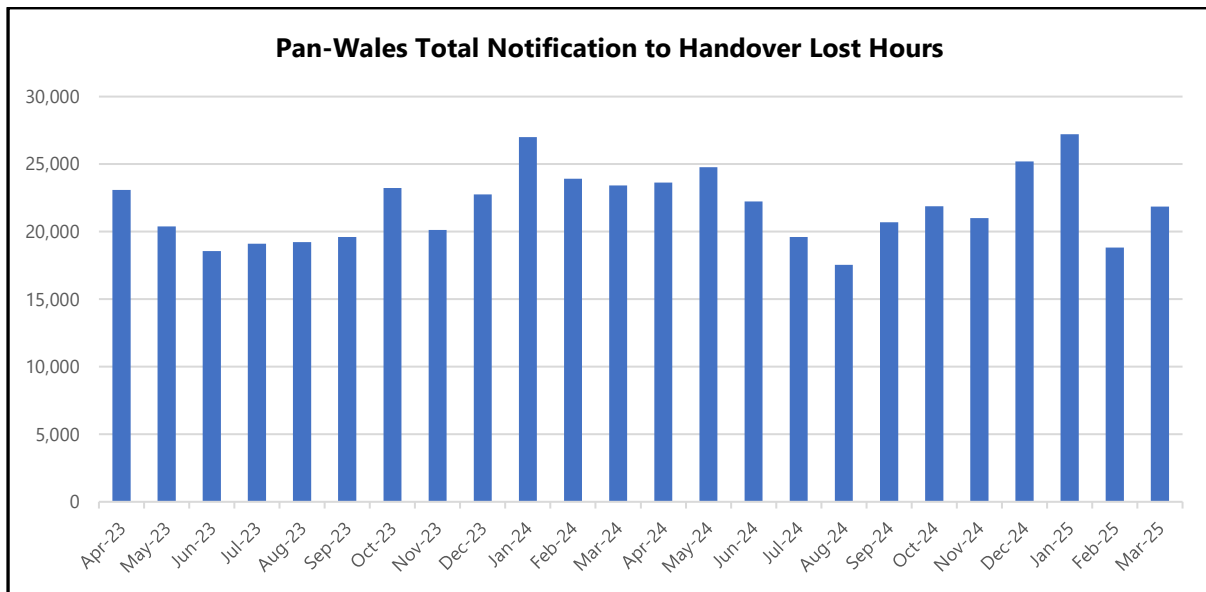
The Annual Governance Statement in the Accountability Report discloses how the Trust meets its obligations under equality, diversity, and human rights legislation. Refer to the Disclosure Statements and the Modern Slavery Act 2015 statement for further information. There is also additional commentary regarding 'Other Employee Matters' in the Remuneration and Staff Report, within the Accountability Report.

Anti-corruption and Anti-bribery

The Annual Governance Statement also includes narrative regarding the Trust's counter fraud arrangements, and the Local Counter Fraud Specialist's relationship with the Audit, Risk and Assurance Committee (ARAC). This narrative can be found in the 'The Control Framework' section of the Accountability Report.

1.12 Partnerships and System Contribution

The Trust aims to consider both its impact on the wider system, but also the wider system's impact on its service. Although handover lost hours reduced in 2023/24 compared to 2022/23, they have risen slightly again this year, averaging 22,003 hours per month during 2024/25 compared to 21,700 a month in 2023/24. This figure remains extreme and equates to 1,834 twelve-hour shifts and meant the Trust could have responded to over 3,454 more patients each month if handovers were reduced. The total ambulance hours lost during 2024/25 was 264,393, meaning the Trust is losing between a quarter and a third of its conveying ambulance production.



The Trust is aware that Health Boards introduced urgent and emergency care escalation frameworks during 2024 to try and reduce lost hours to handover, following strong messaging from Welsh Government and the Cabinet Secretary for Health and Social Care that this issue must be tackled as a matter of priority. A series of Integrated Commissioning Action Plan (ICAP) meetings were also established by the National Collaborative Commissioning Unit, designed for individual Health Boards and the Trust to work collaboratively in order to reduce handover hours.

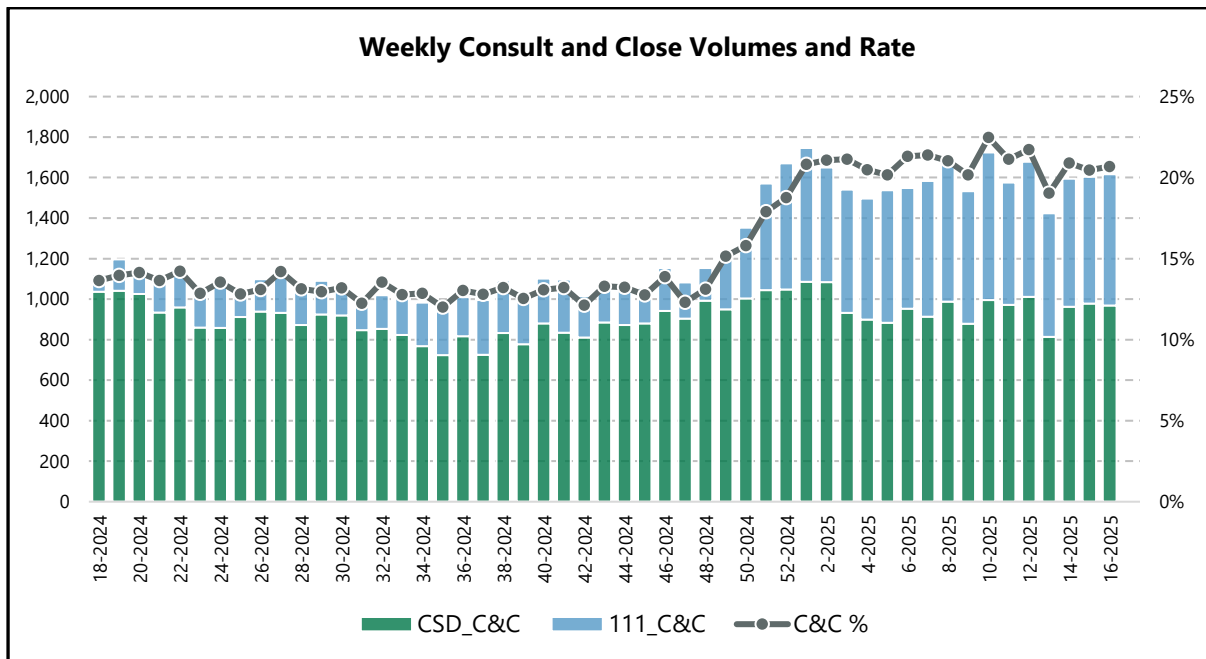
Although overall levels over the year did increase, there were some positive signs in February and March 2025, with both months showing reductions on the same period last year. Although early days, this may be due to the reduction in the number of conveyances seen into EDs since the introduction of the Remote Clinical Screening process, as part of the CMT programme.

When considering individual Health Boards, only Cardiff and Vale University Health Board (CVUHB) have been able to sustain a reduction in lost hours throughout 2024/25, with the average number of lost hours each month within CVUHB being just 840. In contrast average lost hours per month in Betsi Cadwaladr rose to 8,256. Both Hywel Dda and Swansea Bay did see reductions in lost hours in 2024/25 compared to 2023/24, with Hywel Dda reducing to 3,224 (compared to 3,313 in 2023/24) and Swansea Bay reducing to 2,944 (compared to 3,548 in 2023/24). All other Health Boards recorded an increase.

Given the scale of the challenge and its links to wider system pressures, the Trust is having to plan on the basis that lost hours will remain high for the foreseeable future and acknowledge they will continue to cause patient harm. The Six Goals Policy Handbook set out an expectation of no handover being longer than an hour by 2025, which would equate to 7,000 lost hours per calendar month, much lower than the +20,000 hours the Trust is currently having to operate in. It should also be noted that the Trust's current EMS roster keys are predicated on 6,000 hours per calendar month.

The Trust is committed to transforming its services to become more sustainable, to get patients to the right service, in the right place, every time, and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care, something which is at the forefront of the new CMT programme.

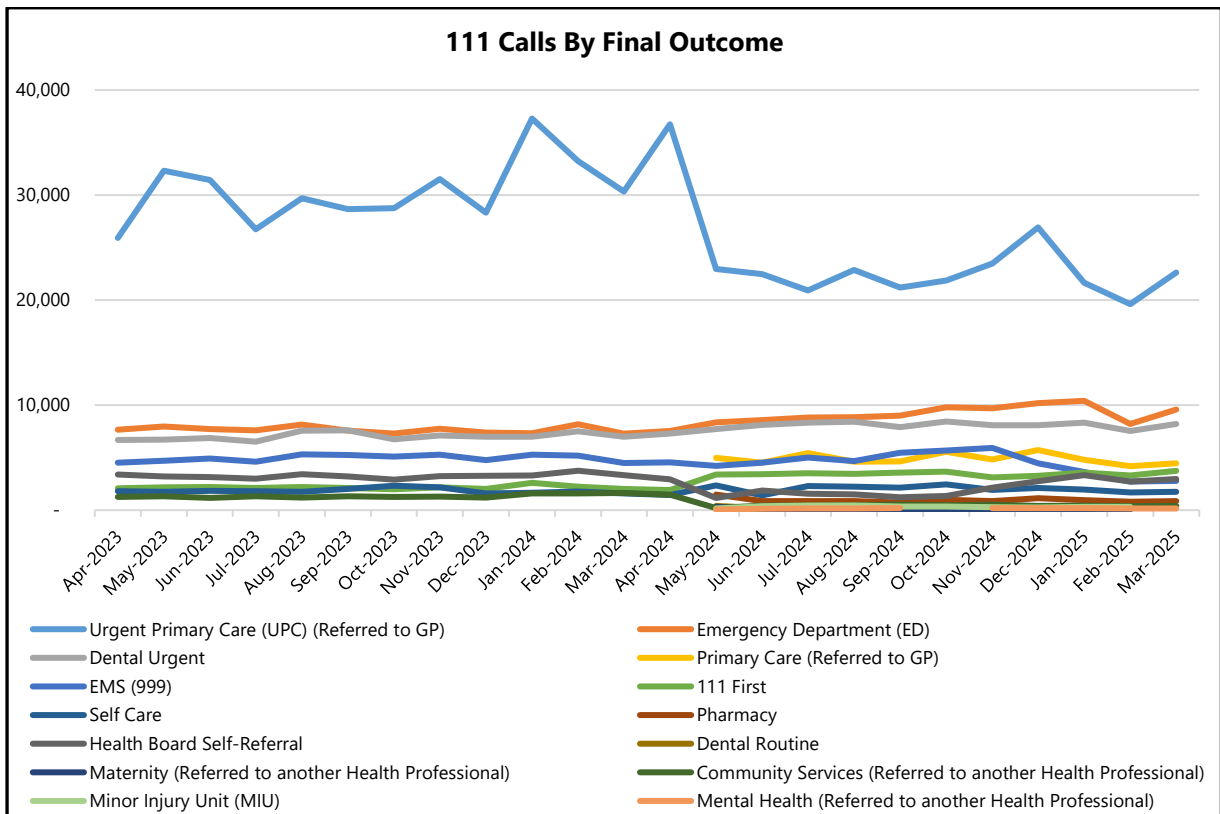
One of the key areas where the Trust already supported the system in reducing demand is 'Consult and Close' through the work of the CSD and 111. The 2024/25 'Consult and Close' Welsh Government target was set at 17%. There have been some issues with collecting data on this metric from October 2024, due to the decision to turn off the old reporting system. However, following more robust reporting, recent data suggests that the figure over the past 4 months has averaged around 20%, as indicated in the graph below.



The CSD establishment remained stable over the past year, which has impacted on the Trust’s ability to impact its ‘Consult and Close’ rate and volumes. However, clinician numbers will be reviewed as part of the 111 roster practice review in early 2025/26.

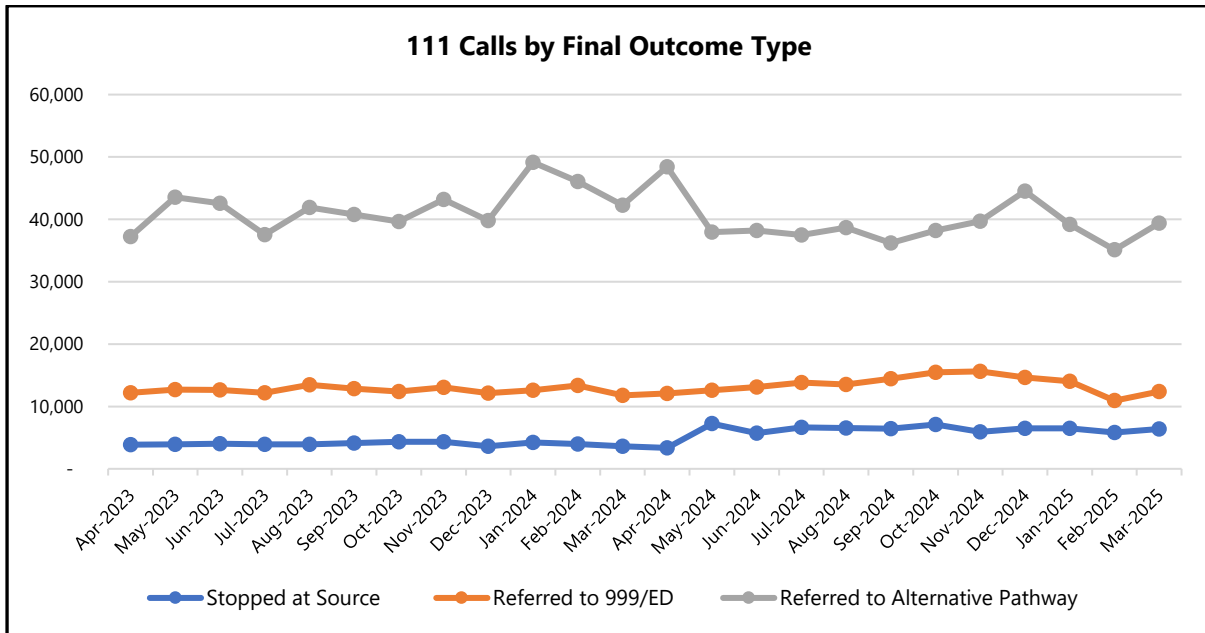
The Trust also monitors its ‘See and Treat’ rates and those treated at scene, which have increased slightly against responded incidents year on year, rising from a monthly average of 17.1% in 2023/24 to 17.8% in 2024/25. This equates to an average of 3,716 patients being treated at the scene each month throughout the year. The Trust’s strategic ambition remains to increase this ‘shift left’ activity and reduce the number of patients that need to be conveyed to emergency departments.

In relation to the Trust’s 111 service, one of the success factors is getting the patient to the right service, first time. The categorisation of some of these outcome measures has changed during 2024/25, as work has been undertaken to improve 111 data metrics, allowing more meaningful data to be reported and identifying whether these outcomes are the best and most appropriate.



The graph above highlights where callers to the 111 service are currently directed, with those being referred to a General Practitioner comprising the biggest percentage for the year (33%). Currently about 19% of 111 calls are referred to 999 or advised to attend an ED.

The graph below simplifies the response patients received, with the blue line highlighting those who were effectively 'stopped at source'. It indicates that this figure has remained relatively stable during 2024/25 at around 10.5% of all known outcomes.



1.13 Infection Prevention and Control

Infection Prevention and Control (IPC) continued to be a critical component of healthcare in 2024/2025. The IPC team has had to navigate several challenges throughout the year, influenced by factors such as workforce changes, leadership transitions, staffing shortages and a reduction in training opportunities. These factors have impacted the team’s capacity and operational effectiveness, highlighting the need for thoughtful reflection and targeted improvement. As a result, the majority of activity was conducted in quarters three and four. Key performance indicators for the IPC team during 2024/25 include: -

1. Rollout of Respiratory Protective Equipment (RPE)

- Developing and managing a development of the rollout in the North Wales Region.
- Managing the rollout to the rest of the Trust from Hensol.
- Development of the Powered Air Purifying Respirators (PAPR) standard operating procedure.
- Processing and distributing 930 PAPR kits to frontline EMS vehicles, ambulance care localities, volunteers’ sectors, response capable officers and HART.

2. Managing IPC Incidents and Outbreaks

One of the key functions of the team is to provide leadership in managing IPC related incidents within the Trust. During 2024/25 5 cases of Meningococcal disease, 4 cases of Invasive Group A Streptococcus and 1 case of Lassa Fever were all managed by the IPC team.

3. Quality Assurance Audits

The WAST IPC audit programme aims to reduce the risk of infections acquired by patients during pre-hospital care. This is achieved by ensuring compliance with the organisations established standards and guidelines. Audits conducted in the last quarter included: -

- Hand Hygiene Audit – 60 completed across 8 sites, with an average score of 60%.
- Vehicle Cleanliness Audit – 24 completed with an average score of 84%.

4. Policies and Guidelines

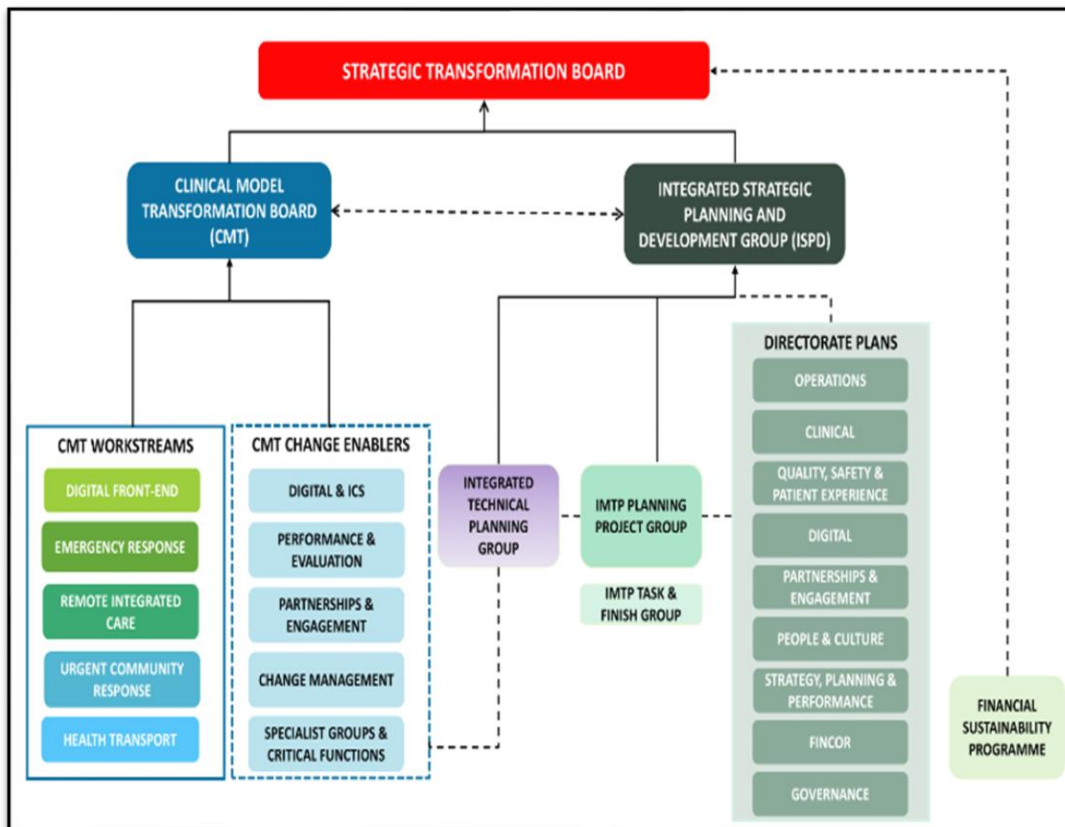
The IPC team continues to lead the review of all WAST IPC policy documents and guidelines. It is essential to ensure these documents are streamlined, up-to-date and provide a clear, evidence based framework for safe and consistent practice.

Documents reviewed in the past year included: -

- PAPER Standard Operating Procedure
- Mpox Policy

1.14 IMTP delivery

The IMTP delivery structure was reviewed in 2024, and previous transformation programmes were brought under the umbrella of a single CMT Programme with wider IMTP actions delivered through directorate plans. Both the CMT and Directorate led IMTP programmes of work report to the STB.



The STB continued to meet regularly (every six weeks) during the year, delivering significant transformation despite the increased operational and financial pressure across NHS Wales across the urgent and emergency care system. The infographic overleaf shows some of the delivery across the breadth of the IMTP throughout 2024/25.

Good progress was made in all areas, including in areas such as digital, estates and fleet. There were some areas that we were not able to achieve, including continued delay to the re-rosters in NEPTS and a demand and capacity review in 111. However, these have now progressed with delivery expected in 2024/5. The development of the 111 website and updated symptom checkers remain a priority but could not be delivered in 2024/25 as funding has not yet been agreed. Key deliverables in 2024/25, however, were the implementation of the new 111 system in April 2024 paving the way for some important changes we are going to make in our CMT programme, and the implementation of Rapid Clinical Screening of 999 calls. The infographic below gives some examples of work completed throughout the year:

					
Published a new Digital Plan, improving safety, efficiency and accessibility of digital services.	Expanded the Community Welfare Volunteer initiative, strengthening community-based healthcare support	Tested 111 call handling software within 999 services to streamline triage and improve patient prioritisation.	Successfully launched the new 111 system, improving accessibility and efficiency for urgent healthcare queries.	Employed Clinical Navigators to provide swift clinical assessments, ensuring patients receive the right care faster and managing more patients remotely	Trialled the use of drones to deliver defibrillators to remote and hard-to-reach locations, reducing response times for cardiac emergencies
					
Developed and implemented targeted strategies to improve nurse retention and workforce stability	Expanded the use of the Welsh language across services to enhance patient experience and inclusivity	Closed down the NEPTS business case, following the transfer of services into a central commissioning model in WAST	Implementation of WAST SICAT will bring the expertise of General Practitioners (GPs) into WAST offering more support for our people and patients across Wales	Strengthened our internal reporting framework to encourage staff to raise concerns safely and effectively.	Pilot programs testing advanced technology to share real-time clinical data from the scene to hospitals, improving continuity of care
					
Deployed a dedicated palliative care paramedic response initiative to provide specialised support for patients with life-limiting conditions	Implemented green initiatives across the Trust to enhance sustainability and reduce our environmental footprint	Introduced a direct maternity emergency line to ensure swift response for urgent maternity-related cases	Increased the number of Advanced Paramedic Practitioners to enhance specialised care services across the Trust	Implemented a world's first new Call Prioritisation and Streaming System (CPSS) bespoke to WAST to improve patient outcomes, call triage times and pressure on the 111 service	Successfully deployed a dedicated response vehicle to support mental health crisis incidents, improving patient outcomes and reducing pressure on emergency services.

1.15 Ministerial Priorities and NHS Wales

Despite financial challenges for NHS Wales in 2023/24, the Trust was expected to deliver its commitments in its IMTP, particularly against the Ministerial priorities that are relevant to the Trust.

Ministerial Priorities

Primary Care and Community Care

The Trust set out its IMTP actions for 111 services and pathways available to 111 and 999. A key change in year was the availability of pathways that were previously available to 111 being made available to 999 remote clinicians. The trust also enhanced its remote clinical skill mix, employing specialist roles such as mental health and pharmacy into its integrated care services across 111 and 999.

During the year the Trust also supported the 6 goals programme in developing the national falls framework and will be developing its falls services in line with this framework.

Throughout the year the Trust also deployed Community Welfare Volunteers who are able to monitor patients and provide observations to 999 remote clinicians to help them determine the most appropriate community or ambulance response for the patient.

Urgent and Emergency Care

The IMTP actions for Urgent and Emergency Care were aligned to the six goals for urgent and emergency care.

Goal 2

The Trust implemented its new CAS system in April 2024, with benefits realisation report shared with commissioners in quarter three. A metrics report is being developed for the Joint Commissioning Committee. Enhancements and development of the 111 website and symptom checkers was delayed in 2024/25 as a funding source had still not been agreed, however this has rolled forward into the Trust's 2025/28 IMTP.

Improving efficiency in 111 rosters to better match capacity to demand commenced with a demand and capacity review, with full re-roster due in 2025/26.

Goal 3

A key development of the Trust's clinical model is remote clinical assessment as a specialty, designed to increase consult and close rates, reducing the need for a conveyance to hospital where safe and appropriate to do so. Progress was made in

paving the way for a remote integrated care services which is planned in the 2025-28 IMTP.

The Trust has plans to improve referrals into Same Day Emergency Care (SDECs), but this remains challenging, but Trust staff continue to engage with the six goals programme to improve access to pathways including SDEC.

Goal 4

A focus for the trust has been increasing production (UHP) in the Cymru High Acuity Response Units (CHARU). UHP increased to 94% nationally. Rural areas continue to be challenging for recruitment into EMS rosters however there has been some improvement in the CHARU lines, particularly in Powys.

The Trust has seen an improvement in sickness absence in EMS and in its contact centres, driven by decrease in long term sickness.

Goals 5 & 6

The Trust introduced a single phone line for hospitals to request transfers, alongside the implementation of new MTPS transfer protocols. However, the development of an all Wales model for transfers and discharge remains challenging. Modelling has shown that there would be an increase in resource required to run a fully ring fenced service and actions within the 2025-28 IMTP will focus on re-engaging with commissioners and partners on rethinking the model going forward.

Planned Care and Cancer Recovery

The roster review in NEPTS has been delayed with demand increasing for NEPTS services. This has had an impact on cancellations and wait times. Working parties for the NEPTS re-roster have commenced in quarter 4 and are a key priority for the Trust in 2025/26.

An enhanced hub for renal and oncology went live in 2024/25 with a work with cancer centre liaison to develop national processes to ensure improvement.

Mental Health

The Trust successfully piloted a mental health response vehicle in Southeast Wales, as part of the development of a wider mental health service. The vehicles have been supported by WAST's own clinicians and therefore running a 7 day roster has been

challenging. However, the integrated remote and on the road mental health service offer remains a priority for the Trust.

NHS Recovery

For the Trust the key metric that indicates the pressure (and state of recovery) of the unscheduled care system in Wales is handover lost hours. The 2019 EMS Demand & Capacity Review was predicated on December 2018 handover lost hours, which were 6,038. In December 2022 the Trust lost 32,098 hours to hospital handover in Wales, which equated to 37% of emergency conveying ambulance production that month.

These levels are extreme and an international outlier. The Trust can take actions to mitigate the impact of handover, but it cannot offset this scale of loss. In 2023/24 some improvement was evident, with average monthly handover, pan-Wales, falling to 21,700. However, during 2024/25 this figure declined slightly once again, increasing to 22,033 lost hours per month.

The increase in handover lost hours seen in 2024/25 did have an impact on performance, in particular, the Amber median, which rose from 1 hour 19 minutes in 2023/24 to 1 hour 53 minutes. The ideal Amber One median should be 18 minutes. It has been identified that there is a strong correlation between handover lost hours and Amber performance. As a result of these extreme levels the Trust has seen a very high level of patient cancellations each month (unmet need) and avoidable harm caused by delayed community responses and delays outside hospitals.

The Trust will continue to take actions within its control: abstractions management, utilisation rates, 'Consult and Close' and 'See and Treat', but handover reduction remains critical. The Ministerial direction to Health Boards for 2024/25 is no handovers of more than one hour, which equates to the 7,500 hours above.

Supporting the Health and Care Workforce

Our newly published Health and Wellbeing Plan 2025/2029 highlights the importance of understanding staff health and wellbeing through a systemic and organisational lens. The Trust has a comprehensive health and wellbeing offer designed to meet the needs of our staff; the Plan sets out how we will develop our wellbeing offer to ensure we are improving the employee experience, including our response to traumatic events at work and continuing health promotion.

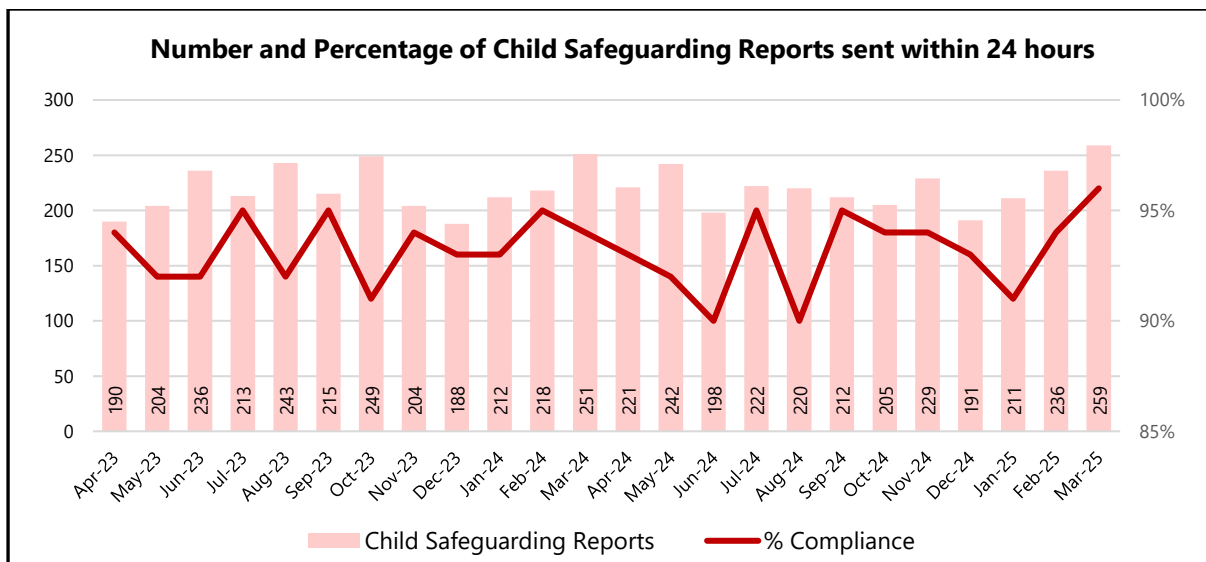
Our People and Culture Plan 2023/2026 outlines our vision and objectives to create a positive and inclusive workplace culture. Our Strategic Workforce Plan lays out our approach to ensuring we have the culture, capability, and capacity to deliver the quality of care our patients expect. We continue with our local approach to the Health Education and Improvement Wales (HEIW) Retention Plan, particularly focused on our nursing workforce; and our Strategic Equality Plan 2024/2028 to drive change, ensuring that the Trust is maintaining a safe and inclusive workplace for its people.

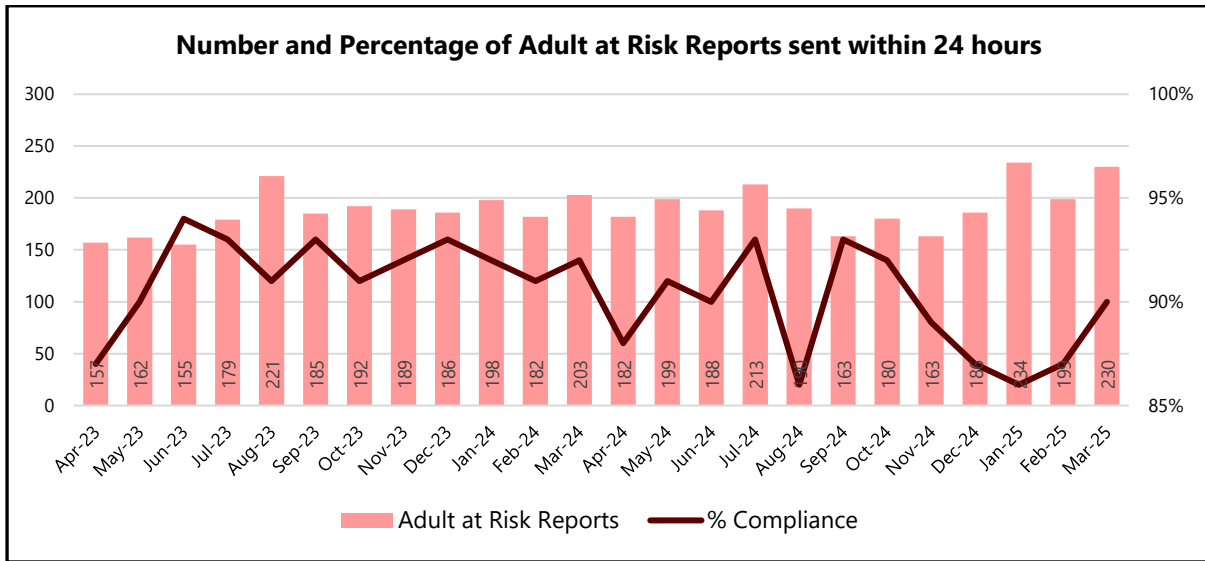
NHS Finance and Managing within Resources

The Trust achieved financial balance in 2023/24. Please see the ‘Finance and Value’ section of the Performance Report for further narrative.

Working Alongside Social Care

The Trust has considerable contact with the population in their home environments, which means the Trust’s people can identify issues for social care. A key area is safeguarding reporting for adults and children. The Trust achieves a high level of reporting within 24 hours and these key metrics are reported to every committee and to every Trust Board.





Falls Service

During 2024/25 falls calls to the Trust have continued to be one of the highest call categories by 'Nature of incident', accounting for over 53,000 calls, 13% of all calls. This equated to a 3.5% increase in falls incidents compared with 2023/24. However, despite the increase in calls, there has been a 1.7% decrease in the number of falls incidents conveyed to hospital. Whilst a modest change, this demonstrates the Trust's ability to reduce conveyance and support its ambition to support care in place and lessen pressure on the wider system.

The Trust currently has 11 dedicated Level 1 'Responder' response resources: eight daytime and three night-time. In addition to two level 2 'Enhanced' falls and Frailty resources in Betsi Cadwaladr University Health Board and Aneurin Bevan University Health Board through Regional Integrated Funding. Whilst our current falls resourcing remains static, utilisation has continued to meet internal targets, and our core resourcing requirements meet Trust Executive approval into 2026.

Our falls response resources have attended 14,000 incidents in 2024/25 supporting over 7,800 people to receive care at home and avoid conveyance to hospital. In areas with developed specialist resource provision, including 24-hour 'Responder' resourcing and an 'Enhanced' resource, there has been a 7% lower rate of conveyance for falls against the Trust National average and over 10% in areas with minimal falls resourcing, reinforcing the imperative need to scale resources nationally and in all Health Board areas.

Community Care and Care Home work remains a Trust and NHS executive priority. There has been increased scale and spread of post falls management in Swansea University Health Board as a result of pilots undertaken in 2023/24, including domiciliary care, residential care and nursing care providers, leading to reduced need of ambulance resources. We are seeking to spread this model to all areas of Wales and engage with partners to support greater community resilience.

Looking forward to 2025/26, the Trust is undoubtedly going to face some financial challenges, however the alignment of our falls plan and the All- Wales Community Falls Framework fosters opportunities for collaboration with key stakeholders and partners to support continued falls response development and achieve an appropriately skilled and timely response to those experiencing a fall, often, our most frail and vulnerable citizens. Essential to the success of care closer to home is further development of Urgent Care pathways in all Health boards and we will continue to support the development of these services with partners.

Mental Health Service

Between 4th November 2024 to 27th March 2025, the Mental Health Clinician (MHC) in remote clinical triage answered 3085 calls, the majority being within the Amber 2 priority category. Of these triaged calls 11% were subsequently conveyed to an ED. From the above calls the MHC identified those that needed to be seen for a mental health assessment in person within the South-East area and the Mental Health Response Vehicle (MHRV) attended to assess the patient. Over the same timeframe the MHRV has attended 393 incidents. The MHRV has conveyed 8% of those patients responded to, to Health Board Mental health services for further assessment.

The Right Care Right Person (RCRP) initiative in Wales is a collaborative approach involving the police and other emergency services to ensure that individuals receive the most appropriate care from the right professionals. All police forces in Wales have implemented stages 1 and 2. South Wales police are the only police force to have implemented all 4 stages.

Trust mental health service have been engaging and working closely with all four police forces on this initiative. A number of partner events have occurred. This collaboration helps in providing timely and effective care.

In Wales, a National Partnership Group has been formed, including various stakeholders, to oversee the implementation of the RCRP initiative and ensure its success. These efforts are designed to improve the response to mental health crisis and ensure that individuals receive the care they need from the most appropriate service. The involvement of Trust mental health service as a core member highlights the significance of their role in influencing and ensuring individuals receive appropriate care.

1.16 Accountability Conditions

The Trust IMTP for 2024/27 was submitted to Welsh Government on 28 March 2024. Welsh Government approved the IMTP subject to accountability conditions on 09 August 2024. The accountability conditions set out the following:

1. Continue with the development of the clinical model, liaising with wider services including health boards, to provide the evidence base and impact expected;
2. Continue to derisk the financial assumptions in the plan to secure the organisation's position; and
3. Ensure delivery is maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan is available if needed.

1. Clinical Model Transformation (CMT) Programme

The CMT programme continues to deliver key enhancements such as rapid clinical screening and the development of remote clinical assessment through its Remote Integrated Care Service (RICS) workstream.

A two-day workshop in January 2025 enabled reflection on progress, strengthened collaboration, and set key priorities for Phase 2, including improved connectivity across Health Care Professional Flows, RICS, Urgent Community Response, and Health Transport. Programme deliverables for FY25/26 were agreed and included in the 2025/28 IMTP.

2. De-risking the financial position

The Trust's IMTP set out a break-even position with a savings target of around £6m. The Trust was able to fully de-risk its plan and delivered a minor surplus at year end.

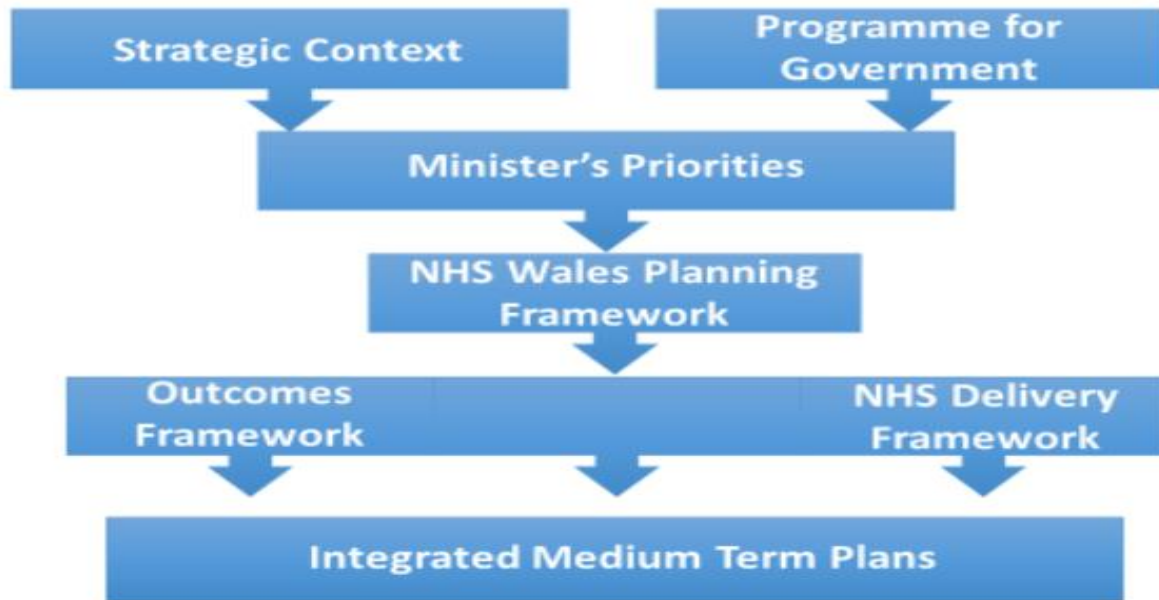
3. Delivery against the IMTP commitments

There was progress against the Trust's IMTP commitments during 2024/25. However, recognising that each IMTP is a three-year rolling plan under the current NHS Planning framework, there have been some programmes of work that have rolled over into 2025/26.

The Trust monitors its IMTP delivery through the Strategic Transformation Board which then reports into Finance & Performance Committee and the Board. These committees have been kept up to date on IMTP delivery confidence and informed where actions will roll over into the next IMTP period.

NHS Wales

The Trust is subject to two key frameworks, the NHS Wales Planning Framework, and the NHS Wales Delivery Framework: -



The 'Ministerial Priorities' have been covered above. The IMTP is a separate document and is publicly available on the Trust's website. For 2024/25 the NHS Wales Delivery Framework identifies the following metrics for the Trust, with the Trust's 2024/25 performance then identified on:

- a. Percentage of emergency responses to Red calls arriving within (up to and including) eight minutes (65%): the Trust achieved 48.2% in 2024/25 compared to 51.1% in 2023/24. See also the response times sub section of the Our Patients (Quality, Safety and Patient Experience section for further information.
- b. Median emergency response time to Amber calls: the Trust achieved one hour and 53 minutes in 2024/25 compared to 1 hour and 19 minutes in 2023/24.
- c. Percentage of sickness absence rate of staff (12 month reduction trend): the average sickness absence rate in 2024/25 was 8.59%, above the 6% IMTP ambition but lower than the 9.29% average rate seen during 2023/24.

- d. Overall turnover rates at the end of 2024/25 was 8.42%, compared to 8.73% at the end of 2023/24.
- e. Percentage headcount by organisation who have had their Personal Appraisal & Development Review (PADR)/medical appraisal in the previous 12 months (85%): as at March 2025, 82.38% of the Trust's staff had received a PADR in the previous 12 months. See also the Our People section for further information.

In addition to the quantitative measures the Trust also undertakes a range of qualitative assessments returns to Welsh Government: -

- dementia care;
- foundational economy;
- learning disabilities;
- strategic equality plan;
- value based healthcare; and
- decarbonisation.

1.17 Workforce Management and Well-being

Staff Well-being

The Trust has a comprehensive health and wellbeing offer. Our clinically led Occupational Health and Wellbeing services support our people to be well at work and performing at their best. Our Occupational Health and Wellbeing Services are clinically led, ensuring the Trust are applying the best evidence in the delivery of our services.

Our Wellbeing Service are highly responsive, offering prompt assessment and signposting to a range of support services both internal and external to the Trust. Our team offer compassionate and validating care shaped to the challenges that our people face. Detailed local knowledge that spans the breadth of Wales supporting our people to access the right support tailored to their individual needs. We offer regular site visits to Clinical Coordination Centres (CCCs), Hospitals and Office Sites across Wales. We support staff and volunteers within the Trust and collate data to identify key themes of concern within the Trust. This year our team have developed

their skills in the assessment and management of suicide risk – ensuring we can identify people at risk and support them to access services. Psychologically informed consultation regarding matters of mental health and wellbeing have been regularly delivered to managers to support staff retention and avoid prolonged sickness.

Our employee assistance programme Health Assured offers a 24-hour support to our people including access to financial advice, legal advice and eight sessions of counselling per difficulty, per year. Health Assured can assess risk of suicide and support access to appropriate services.

In addition, we promote The Ambulance Services Charity 24-hour crisis helpline to those requiring urgent support and advice regarding mental health and suicide risk. Both individuals and managers concerned about someone can access the helpline. We have an online portal that can be accessed from personal devices, as well as within the Trust, called <https://wastkeeptalking.co.uk/>, which provides signposting information to organisations that support the sector. We maintain strong links with these organisations including Canopi – offering brief therapy to NHS Wales staff.

Our Wellbeing Service offers REACT training – an approach to providing peer-to-peer emotional support at work. Supporting our people to navigate important conversations with each other about their wellbeing. REACT sits alongside our Trauma Risk Management network (TRiM), providing an evidence-based response to potentially traumatic events that our people face in the course of their duties. Across 2024/25 there were a total of 1028 offers of support by the TRiM network supporting our people following challenging situations at work. Referral to TRiM can be made by staff or managers. This year we have improved the TRiM assessment process to offer more psychologically informed advice about trauma responses and provide appropriate coping strategies. These improvements have increased engagement in 30-day follow up calls – a key way we identify whether distress requires clinical intervention.

Our services are advertised regularly through many mediums, including posters, leaflets, outreach by the Occupational Health and Wellbeing Team, Intranet, and information regularly passed to managers. There is also a dedicated Occupational Health and Wellbeing Intranet site with up-to-date information on all services available to our people, along with contact details.

In quarter four of 2024/2025 we published the Trust's Health and Wellbeing Plan 2025/2029. The plan provides direction for our health and wellbeing offer throughout the organisation – it was produced in consultation with staff, volunteers and TU partners. The Plan highlights the importance of systemic and organisational interventions, alongside individual focused support; data and evidence-driven interventions; and empowering managers to provide support for our people and provide psychological safety for their teams. Implementation of the new strategy will involve key partners including professional groups within the Trust, trade union partners, Wellbeing and Occupational Health clinicians, external partners, families of serving staff and Trust leadership. The Health and Wellbeing Steering Group will influence and provide ongoing feedback on the plan.

Health and Safety

With respect to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) reporting; the 2024/25 year continued to be a challenging year for the Trust in regard to ensuring the health, safety, and welfare of its people. Whilst there is a strong level of internal control with respect to metrics provided to the Health and Safety Executive (HSE); there were initial challenges around meeting incident reporting times to the HSE for RIDDOR reportable incidents due to further information within the submission form as amended by the HSE during quarter one 2024/25. This heavily impacted on the Trust's compliance to the timeliness of RIDDOR to the HSE. Despite enhanced levels of focus applied by the function and operational managers the Trust's compliance levels were reduced to 60%. Sustained focus continues to be applied. Safer handling of patients and slip, trips and falls continuing to be highest reported categories.

The health and safety corporate Risk 199, *'Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation'*, was subject to further review in November 2023, with the risk subsequently reduced from 16 to target score of 10 due to several deliverables achieved which provided a greater level of confidence within the Trust. This level was sustained throughout 2024/25.

Diesel Engine Exhaust Emissions (DEEE): Work continued at strategic and local levels throughout the Trust in the reduction of fume exposure. Delays outside emergency departments heavily contributed to a volume of Datix incidents citing ill health effects from potential exposure to diesel engine fumes. This continued to significantly impact on team capacity to complete planned proactive work against the Health and Safety Annual Improvement Plan.

- A further tranche of environmental surveys were undertaken at seven priority sites in 2024/25 and found not to have consistently exceeded the legislative Workplace Exposure Limit as required by the Control of Substances Hazardous to Health (2002) Regulations.
- The Diesel Fume Project implemented the use of bladeless fans for use underneath the canopy area at all seven health board priority sites. The use of these fans negates the need to keep engines running to provide levels of thermal comfort.

Workforce Planning

The Trust currently employs a workforce of approximately 4400 people with the vast majority working on the front line in operational roles such as ACAs, EMTs, our new Emergency Ambulance Practitioner (EAP) post (implemented in November 2024), Paramedics, Senior Paramedics, CHARU and APPs.

In 2024, the Trust produced its Strategic Workforce Plan 2024/2030; the first NHS organisation in Wales to do so. This guiding document outlines our workforce challenges and priorities and includes actions on Welsh Language recruitment, creating volunteering opportunities and developing our internal career pathways.

Organisationally, we have grown experience and expertise in workforce planning over the years and the team produce detailed workforce data which is used for decision-making, workforce planning and recruitment decisions.

This year has seen the introduction of a Band 5 EAP role which has a wider scope of practice than EMTs which will positively impact on patient experience. Redefining and restructuring the EMS delivery model to maximise the benefits of the EAP Band 5 role within the financial envelope is underway. By upskilling our people and increasing the number of senior clinicians (APPs), on the road, the numbers of patients being transported to Emergency Departments can be reduced.

The development of the Clinical Model Transformation brings further workforce planning work to ensure we have the right people in the right posts with the right skills at the right time and we will need to consider opportunities such as hybrid roles with a mix of road based and centre-based activities. We are consistently and continuously re-shaping and enhancing the workforce to ensure it is fit for the future and financially viable continuing to review the types of posts we need to deliver high quality services to patients and reducing the level of conveyance to hospital.

There are ongoing workforce planning challenges related to the geography of the Principality and appointing to more remote areas. Future thinking will include how we grow people locally and give them access to live and work in their local communities.

Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including clinical skills, education and training, planning, fleet and estate teams to ensure the organisation is taking a co-ordinated approach to its key resources. This supports a cross-functional approach to developing and deploying our workforce to maximise their impact and productivity.

1.18 Decision-making and Governance

Trust's Governance and Accountability Framework

The Trust Board is accountable for governance, risk management and internal control in the organisation. The Board is supported by seven Committees, the particulars of which are in the Accountability Report at Section B of the Annual Governance Statement.

The overarching Trust management governance structure consists of the ELT which is Chaired by the Chief Executive and attended by the Trust's Directors. The ELT is an advisory group which supports the Chief Executive in discharging his accountabilities. The ELT meets weekly for formative discussions, peer support and decision making.

A series of sub-groups report into ELT through an Alert, Advise and Assure (AAA) highlight reporting mechanism including:

- Assistant Directors' Leadership Team;
- Clinical Quality Governance Group;
- Policy Group;
- Pandemic Governance Group;
- National Health and Safety Committee;
- Quality and Performance Management Framework Steering Group;
- Equality, Diversity and Inclusion Steering Group;
- Capital Management Board;
- Executive Finance Group;

As stated above, the STB is the executive group that oversees the development and delivery of the IMTP and is supported by a number of Programme Boards aligned to the IMTP. The Executive Finance Group meets regularly and is comprised of the ELT membership and finance team.

Each Directorate has a governance structure relevant to the size and portfolio of its Director. Further details on the Trust's governance and accountability arrangements, and audit and assurance arrangements are set out in the 'Review of Effectiveness' section within the Annual Governance Statement.

Ambulance Commissioning

A key aspect of the Trust's accountability and governance framework is that the Trust is a commissioned service for 111, EMS and NEPTS. Whilst EMS and NEPTS have been commissioned for some time e.g. EMS started on 01 April 2015, 111 commissioning began in May 2023.

The Trust had separate commissioners for 111 when its commissioning started in May 2023; however, from 01 April 2024 the commissioning for the 111, EMS and NEPTS was brought together into a new NHS organisation, the Joint Commissioning Committee or JCC, as stated earlier in the Performance Report.

Whilst transferring into a new organisation has meant new commissioning governance arrangements for the Trust, in particular, reporting into the new JCC and the new Ambulance & 111 Collaborative Commissioning Group, the basic approach to commissioning has remained unchanged i.e. commissioning frameworks for each of the three services, commissioning intentions for year fiscal year, in year reporting on progress against those intentions and quality and performance metrics, underpinned by a resource envelope (budget). The NEPTS Delivery Assurance Group has remained unchanged and continues to function.

In addition to these governance and accountability mechanisms the Trust also reports bi-monthly to the Integrated Quality, Planning & Delivery (IQPD) and six monthly Joint Executive Team (JET), both of which are NHS Executive accountability mechanisms, which the Director of Ambulance & 111 Commissioning also sits on. The Trust's IMTP is also subject to approval by both the JCC and NHS Executive.

The Trust continued to see support from the JCC in 2024/25 in support of the overall purpose of the emergency ambulance commissioning framework "to shift (patient) demand left, where it is clinically safe and appropriate to do so" i.e. serve the patient demand at the earliest point in the patient journey and serve it once. The JCC supported the recruitment of a further uplift in the Trust's APP establishment (+32 FTEs) and the introduction of Clinical Navigators (+28 FTEs) to support rapid clinical screening.

Further information on the JCC can be found on its website: [Home - NHS Wales Joint Commissioning Committee](#); and further information on the Trust's 999 performance can also be found on the JCC website: [Ambulance Service Indicators - NHS Wales Joint Commissioning Committee](#).

Well-being of Future Generations (Wales) Act 2015

Please refer to the 'Partnerships and System Contribution' section of the Performance Report for the Trust's position and progress on the Well-Being of Future Generations (Wales) Act 2015.

Welsh Language

The Welsh Language Standards, effective from 30 May 2019, have given the organisation the opportunity to improve the level of Welsh language services we provide for our patients, services users, and the wider population.

The Trust continues to strive towards ensuring that the Standards are embedded within its processes and systems to ensure that the Welsh language is treated no less favourably than the English language in its services and operations and that members of the public, and staff are able to interact with the Trust in the language of their choice.

During 2024/25 we have developed a new Welsh Language Policy that describes the steps the Trust will take to: foster a bilingual ethos within the organisation, provide guidance on compliance with the Welsh Language Standards, and the implementation of Welsh Government's 'Mwy na geiriau/More than just words' action plan, with a focus on an active offer of Welsh across our services. To further improve our compliance a Welsh Language Standards baseline has been developed. Within the Trust's Integrated Term Plan (IMTP) 2025/28 our ability to communicate in Welsh with the public and staff will be strengthened via the development of a Welsh language recruitment strategy.

The Trust provides an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011 via an Annual Welsh Language Report, where a range of statistics such as Welsh Language complaints, staff numbers with Welsh Language skills and recruitment numbers requiring Welsh Language can be found.

This report must be published on the Trust's website by the end of September each year, in accordance with Standard 120 of the Regulations.

Sustainability

The Trust is committed to reducing its impact on the environment and supports the Welsh Government's ambition for the public sector to be carbon neutral by 2030. Under the NHS Wales Decarbonisation Strategic Delivery Plan, the Trust is required to support stringent WG environmental targets and key actions in support of these include (but are not limited to) reducing emissions from its estate and fleet as far as possible before 2030. A Decarbonisation Action Plan (DAP) has been produced, detailing actions, action owners and timelines for completion. The DAP is submitted to Welsh Government and updated annually. It is also included as an appendix within the Trusts IMTP, and sustainability is a central theme running through the plan. The delivery of the DAP is overseen by a Decarbonisation Programme Board which reports through internal governance mechanisms to both the Capital Management Board and the Finance and Performance Committee on a regular basis. This Programme Board is supported by a number of workstreams including a specific focus on transportation, and a delivery of Estates Funding Advisory Board funded schemes.

Following current guidance, decarbonisation qualitative and quantitative reports are submitted annually to the Welsh Government detailing carbon reduction progress, challenges, and risks. The Trust also reports on delivery of the DAP to the NHS Wales Shared Services Partnership (NWSSP) Decarbonisation Co-ordination Reporting Team on a regular basis, which informs the work of the National Decarbonisation Programme Board. The Trust's carbon reporting data continues to be reported on an annual basis in line with Welsh Government set methodology and timescales.

1.19 Conclusions and Look Forward

The 2024/25 year has been another challenging year for the Trust with continued high pressure across the health and social care system. There is no doubt that the Trust's staff have again stepped up to the challenge, as have the Trust's partners.

EMS performance has been recognised as challenging for a long time with the Trust still failing to achieve the 65% Red 8-minute target during 2024/25.

We are now in the second year of our ambitious Clinical Model Transformation (CMT) Programme, evolving our Clinical Response Model into an Integrated Clinical Services Model. This transformation is crucial to our strategic objective to provide the right care or advice, in the right place, every time.

The programme represents a fundamental shift in how the Trust will deliver care, transitioning from a conveyance-based emergency response focus to an integrated, patient-centred model that connects our core services into a cohesive system. This approach allows WAST to better meet the healthcare needs of the people of Wales by offering a broader range of care options, including addressing urgent and emergency needs within the community.

Within the 111 service, it has proved a difficult time, with the implementation of the new 111CAS system and the resulting impacts this has had on efficiency and performance. The call abandonment rate monthly average increased to 10.4% during 2024/25, up from 6.2% the year before but now that the system is fully embedded and the service is up to full establishment, it is anticipated that performance will improve over the coming year, dependent on whether the establishment is sufficient to meet the increasing demand, as well as fulfilling its contribution to the new modelling care plan.

Whilst the Trust has stepped up to meet the challenge, patient experience, and safety in 2023/24 continue to not be at the levels the Trust, or its stakeholders, aspire to. The reasons are complex and multiple, with some directly within the Trust's control and others that are not. The Trust continues to work on actions within its control to mitigate this risk including, for example, maintaining high levels of Emergency Ambulance production and fully rolling out the CHARU service.

The Trust recognises that the organisational and broader health system landscape has changed over the past few years. This has placed even greater emphasis on the need for system wide collaboration, developing longer-term solutions that meet the needs of the people of Wales today, and of future generations, focussing on improving clinical outcomes, patient experience and being value driven.

The long-term Strategic Framework for 2030, 'Delivering Excellence', which was agreed in 2019, sets out the Trust's ambition to move from being a traditional ambulance and transport service, to being a trusted provider of out-of-hospital high quality care, ensuring that patients receive the right advice and care, in the right place, every time, with a greater emphasis on providing care closer to home. The Trust's IMTP 2025/28 provides further details on the Trust's strategic plans.

1.20 Links to Further Information

The Trust reports delivery against its IMTP throughout the year and reports on performance to every Trust Board meeting through the MIQPR. For further information and to view these reports please click on the following links: -

Board Date	Board Agenda Item	Link to Trust Board Papers (Public)
30 May 2024	10 and 12	Trust Board Papers – May 2024: ambulance.nhs.wales/files/trust-board-papers/trust-board-agenda-30-may-2024/
25 July 2024	10 and 13	Trust Board Papers – July 2024: ambulance.nhs.wales/files/trust-board-papers/papers-25-july-2024/
26 September 2024	9 and 12	Trust Board Papers – September 2024: ambulance.nhs.wales/files/trust-board-papers/trust-board-papers-26-september-2024/
29 November 2024	10 and 14	Trust Board Papers – November 2024: ambulance.nhs.wales/files/trust-board-papers/trust-board-papers-29-november-2024/
30 January 2025	10 and 13	Trust Board Papers – January 2025: ambulance.nhs.wales/files/trust-board-papers/open-agenda-30-january-2025/
27 March 2025	11, 12 and 13	Trust Board Papers – March 2025: ambulance.nhs.wales/files/trust-board-papers/board-papers-27-march-2025/

Ambulance Service Indicators: each health board receives a performance indicator dashboard, from Welsh Government, to ensure consistent reporting in their annual reports. The Trust is not a Health Board and is a commissioned service by the JCC; consequently, Welsh Government do not issue a dashboard to the Trust. Whilst no dashboard exists, the Trust considers itself a very transparent ambulance service, with the publication of the monthly Ambulance Service Indicators by EASC and Welsh Government, Joint Executive Team (6-monthly) and Integrated Quality, Planning and Delivery meetings (2-monthly).

Performance Report Contact Details: Should you require any further information on this Performance Report, please contact Hugh Bennett, Assistant Director - Commissioning and Performance on hugh.bennett2@wales.nhs.uk.

PART 2: - ACCOUNTABILITY REPORT

The Accountability Report is intended to meet key accountability requirements to the Welsh Government. The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of Statutory Instrument 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The requirements of the Companies Act 2006 have been adapted for the public sector context as set out in the Government Financial Reporting Manual (FRoM). It will, therefore, cover such matters as directors' salaries and other payments, governance arrangements and the audit certificate and report. The Accountability Report will be signed and dated by the Accountable Officer. The Accountability Report consists of three main parts. These are:

- **The Corporate Governance Report:** This Report explains the composition and organisation of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Corporate Governance Report itself is in three main parts: the Directors' Report, the Statement of Accounting Officer's Responsibilities, and the Governance Statement.
- **The Remuneration and Staff Report:** The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the Trust's policy on senior managers' remuneration and whether there were any exit payments or other significant awards to current or former senior managers. In addition, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information regarding numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.

- **Parliamentary Accountability and Audit Report:** The Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

2.1 Corporate Governance Report

This Corporate Governance Report details the composition of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The report explains the management and control of resources and the extent to which the Trust complies with its own governance requirements, including how the Trust has monitored and evaluated the effectiveness of its governance arrangements. It is intended to bring together in one place matters relating to governance, risk, and control.

The Corporate Governance Report aims to provide the reader with a clear understanding of the organisation and its internal control structure, the stewardship of the organisation and an explanation of the risks the organisation is exposed to. Where there are weaknesses reported in the report, an explanation is provided on how these are being addressed. The Corporate Governance Report consists of three main parts which are:

- The Directors' Report.
- The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities in Respect of the Accounts.
- The Governance Statement.

2.1.1 The Directors' Report

Where information normally presented in this report is discussed elsewhere in the Annual Report and Accounts, this will be cross-referenced, and the corresponding citation provided.

a) Details of the Chair, Chief Executive and Other Directors

The details of the Chair, Chief Executive, Board Members, Executives and any other individuals who were Directors and have, or had, authority or responsibility for directing and controlling the major activities of the Trust at any point during the year, and up to the date that the Annual Report and Accounts were approved, are provided in the Governance Statement which forms part of this Corporate Governance Report.

The composition of the Trust Board and the names of the Directors forming the Audit, Risk and Assurance Committee (ARAC) are also provided in the Governance Statement. Board Members are listed below, together with in-year changes. Also provided here are any roles board members may have with respect to committees (for example chair or lead), statutory or board champion positions.

Voting Members of the Board 2024/25 as at 31 March 2025

Colin Dennis



Trust Board Chair

Remuneration Committee
Chair

**Rhiannon
Beaumont-Wood**



**Non-Executive Director
(From 11 November 2024)**

Champion for children and
young people

Jayne Beeslee



**Non-Executive Director
(From 19 August 2024)**

Chair of the Finance and
Performance Committee
as of the 01 September
2024, Champion for
digital

Peter Curran



Non-Executive Director

Chair of the Audit, Risk and
Assurance Committee, Chair of
the Charity Committee (from
01 January 2025), Champion
for armed forces and veterans

Bethan Evans



Non-Executive Director

Chair of Quality, Patient
Experience and Safety
Committee
Champion for Welsh
Language, Infection
Prevention & Control, and
Putting Things Right
(Patient Safety)

**Professor Hayley
Hutchings**



**Non-Executive Director
(From 11 November 2024)**

Academic Non-Executive
Director, Champion for
research

Ceri Jackson



**Interim Vice-Chair (Until
30 June 2024) and Vice-
Chair (From 01 July
2024)**







Chair of Charity
Committee (Until 31
December 2024)
Champion for mental
health, older persons and
raising concerns

Hannah Rowan








Non-Executive Director

Chair of the Academic
Partnerships Committee
Champion for equality



Jason Killens	Chief Executive Officer Accountable Officer	Lee Brooks	Executive Director of Operations Champion for emergency planning
			
Rachel Marsh	Executive Director of Strategy, Planning & Performance Joint Executive Lead for the Finance and Performance Committee	Chris Turley	Executive Director of Finance and Corporate Resources Joint Executive Lead for Finance and Performance Committee. Executive lead for Audit, Risk and Assurance Committee. Charity Treasurer. Fire safety champion
			
Liam Williams	Executive Director of Quality & Nursing Caldicott Guardian Executive Lead for Quality, Patient Experience and Safety Committee Champion for children and young people, putting things right and violence and aggression	Andy Swinburn	Executive Director of Paramedicine
			

Non-Voting Members of the Board 2024/25 as at 31 March 2025

Estelle Hitchon	Director of Partnerships & Engagement Executive Lead for Academic Partnership Committee and Charity Committee	Carl Kneeshaw	Director of People (From 01 November 2024) Joint Executive Lead for People and Culture Committee, and Executive Lead for Remuneration Committee
			

<p>Angela Lewis</p> 	<p>Director of People and Culture (Until 31 October 2024), Director of Culture Change (From 01 November 2024) Joint Executive Lead for People and Culture Committee; Champion for Anti-racist Wales Action Plan</p>	<p>Trish Mills</p> 	<p>Director of Corporate Governance /Board Secretary (Title changed from Board Secretary from 08 March 2024) Champion for Welsh Language</p>
<p>Hugh Parry</p> 	<p>Trade Union Representative at Trust Board</p>	<p>Damon Turner</p> 	<p>Trade Union Representative at Trust Board</p>
<p>Jonny Sammut</p> 	<p>Director of Digital Services Senior Information Risk Officer</p>		

Board Members who left Board positions in-year

<p>Joga Singh</p> 	<p>Non-Executive Director Chair of the Finance and Performance Committee (Until 31 August 2024)</p>	<p>Professor Kevin Davies</p> 	<p>Non-Executive Director (Until 30 September 2024) Champion for armed forces and veterans; mental health</p>
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Further to the changes reflected in the above tables, Board member changes made during 2024/25 are set out below. The board skills matrix was updated in 2024/25 with changes to the Board as they occurred. The above and below changes had no detrimental impact on the Board or on collective decision-making; the Board had a full complement of voting members at all times.

- Professor Kevin Davies' tenure as Vice-Chair of the Trust Board was extended from the 31 August 2023 to the 30 November 2023. He stepped down as Vice-Chair effective 30 November 2023 and was further extended in the role as Non-Executive Director from the 01 December 2023 until the 30 September 2024. He left the Board as of the 30 September 2024.
- During the year, the Trust made a strategic adjustment to its People and Culture leadership structure to ensure continued focus on both our broader people agenda and our culture transformation priorities. In October 2024, Angela Lewis transitioned to a part-time, fixed term role as Director of Culture Change, allowing her to dedicate her expertise to driving our cultural transformation work. To maintain strong leadership across all aspects of our people services, Carl Kneeshaw was appointed on a permanent basis as Director of People, overseeing key functions such as Education and Development, Occupational Health and Wellbeing, People Services, Recruitment and Workforce Planning. This temporary arrangement, planned for two years, ensures sustained progress in embedding cultural change whilst maintaining robust people services across the organisation.

In the 2024 Audit Wales Structured Assessment, in reference to Board membership and composition, the following was stated; *"We considered whether the Trust's Board conducts its business appropriately, effectively, and transparently. We found that recent changes to Board membership have been managed well, and the Board has continued to conduct its business effectively. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement. The Trust remains committed to hearing from patients, staff, and other stakeholders; however, opportunities remain to enhance these arrangements further"*.

The members of the Trust's ARAC as at 31 March 2025 were Peter Curran (Chair), Ceri Jackon, and Rhiannon Beaumont-Wood. The membership of the Committee changed in year due to the resignation of Joga Singh and retirement of Kevin Davies, Non-Executive Directors, and a change to the composition across the committees of the Board following new Non-Executive Directors being appointed.

b) Declarations of Interest

The Register of declarations of interest for Directors can be found on the Trust website, [Board Member Register of Interests as at 31 March 2025](#). During the 2024/25 financial year the Trust published the Register of Trust decision-makers, in line with the provisions of the Standards of Business Conduct Policy. The Register can be viewed on the Trust [Publications page](#).

c) Personal Data Related Incidents

Information on personal data related incidents which have been formally reported to the Information Commissioner's Office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed in the Governance Statement, which forms part of this Corporate Governance Report. A principal risk in relation to compliance with Data Protection Legislation is included on the Corporate Risk Register (CRR) at a score of 15 (3x5) and is aligned to the Finance & Performance Committee for oversight.

d) Environmental, Social and Community Issues

The Trust is aware of the potential impact its operation has on the environment, and it is committed to:

- Ensuring compliance with all relevant legislation and Welsh Government Directives.
- Sharing the Welsh Government's ambition for public bodies to be carbon neutral by 2030.
- Working in a manner that protects the environment for future generations by ensuring that long-term and short-term environmental issues are considered.
- Preventing pollution and reducing potential environmental impact; and
- Maintaining its ISO 14001 environmental management accreditation.

The various sections of the Performance Report provides further details of the DAP, the work of the PECl Team and our volunteers during 2024/25. It also details the Trust's involvement in the Regional Partnership Boards and the Trust's Well-being Objectives as part of the Well-being of Future Generations (Wales) Act 2015.

e) Cost Allocation and Charging Requirements

The Directors confirm that they have complied with the cost allocation and charging requirements set out in His Majesty's Treasury guidance.

2.1.2 Statement of Accountable Officer's Responsibilities

The Accountable Officer is required to confirm that, as far as they are aware, there is no relevant audit information of which the Trust's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The Accountable Officer is also required to confirm that the Annual Report and Accounts as a whole, is fair, balanced, and understandable and that they take personal responsibility for the Annual Report and Accounts and the judgments required for determining that on the whole, it is fair, balanced, and understandable.

Statement

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Trust.

The relevant responsibilities of Accountable Officer, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

As Accountable Officer, I can confirm that, as far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware and that I have taken all the steps that I ought to have taken to ensure that I and the auditors are aware of relevant audit information.

I can confirm that the Annual Report, and Accounts as a whole, is fair, balanced, and understandable, that I take personal responsibility for the Annual Report and Accounts and the judgement required for determining that it is fair, balanced, and understandable.

I can confirm that I am responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Jason Killens
Chief Executive Officer
Date: 26 June 2025

2.1.3 Statement of Directors' responsibilities in respect of the Accounts

The Directors are required under the National Health Service (Wales) Act 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period.

In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account

The Directors confirm that they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Board

Signed:

Colin Dennis

Chair of the Trust Board

Date: 26 June 2025

Jason Killens
Chief Executive Officer
Date: 26 June 2025

Chris Turley
Executive Director of Finance and Corporate Resources
Date: 26 June 2025

2.1.4 The Governance Statement

This Governance Statement demonstrates how we managed and controlled resources in 2024/25 and the extent to which we complied with our own governance requirements, including how we have monitored and evaluated the effectiveness of these arrangements. In doing so, it brings together all disclosures relating to governance, risk, and control.

a) Scope of Responsibility

The Trust Board is accountable for governance, risk management and internal control in the organisation. The Chief Executive, as Accountable Officer of the Trust, has responsibility for maintaining appropriate governance structures and procedures. This includes ensuring that the Trust has a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and the organisation's assets. For the year ended 31 March 2025, and through to the date of approval of the Annual Report and Accounts, these have been carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The ELT assists the Chief Executive in discharging his accountabilities and meets regularly for formative discussions, support and decision making. A similar structure is mirrored in the Assistant Directors' Leadership Team (ADLT).

The Annual Report outlines the different ways the Trust has worked, both internally and with partners, in response to the system pressures in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided. Where necessary, additional information is provided in the Governance Statement. However, the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

b) Governance Framework

Governance describes the ways that organisations ensure they are run efficiently and effectively. It also describes the ways organisations are open and accountable to the people they serve for the work they do. For the Trust, good governance is creating a framework within which we:

- Provide our patients with good quality healthcare services.
- Are transparent in the ways we are responsible and accountable for our work.
- Ensure we continually improve the ways we work and demonstrate our commitment to the duty of quality.
- Adhere to principles of good governance and the [Nolan Principles](#).

In 2024 the Trust's name changed to reflect the designation of 'University Trust Status' (UTS). From 01 April 2024 the Trust's name became the Welsh Ambulance Services University NHS Trust. This status demonstrates the Trust's commitment to and formal recognition of the role that it plays in the education and development of ambulance workers and the world-class research that the Trust undertakes to improve public health in Wales.

Ensuring good governance is at the core of how we serve our patients, support our staff, and sustain our organisation. This is reflected in the structures, systems, and processes we establish to manage our responsibilities effectively as well as the behaviours we demonstrate and standards we adhere to. Central to this framework is our people - their dedication, professionalism, and the ethical standards by which they conduct their work play a pivotal role in upholding our governance standards.

Our approach to governance is dynamic, involving continuous scrutiny of our performance and a commitment to the duty of quality. The Trust's integrated governance programme takes a holistic approach to governance that aims to streamline and unify the mechanics and dynamics of governance at the Trust. This involves the application of a set of simplified governance principles to the existing, maturing, and emerging elements of the Trust's governance, accountability, risk, and assurance frameworks. This, coupled with the QPMF supports coherence, efficiency, and accountability at all levels from 'floor to board'.

The Trust's governance framework houses the structures, systems, processes, and behaviours NHS Wales health bodies are required to establish for ensuring good governance, and they include but are not limited to:

- Standing Orders, which incorporates the Scheme of Reservation and Delegation of Powers, and the Standing Financial Instructions.
- The requirement for a unitary Board and the Committees that support the Board, together with their terms of reference.
- How line managers operate, including standards of business conduct and accountability.
- Annual business planning via the Integrated Medium-Term Plan and local directorate plans.
- The Quality and Performance Management Framework.
- Policies and procedural guidance for staff.
- Risk registers and assurance frameworks.
- Internal audit; and
- Scrutiny by external assessors including Audit Wales, the Welsh Government, Health Inspectorate Wales, and other stakeholders.

The Trust has approved Standing Orders for the regulation of its work. These are designed to translate the statutory requirements set out in the NHS (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024) as amended, into day-to-day operating practice. Together with the Standing Financial Instructions and the Scheme of Reservation and Delegation, they provide the regulatory framework for the business conduct of the Trust and define its ways of working.

The following non-compliance of Standing Orders was reported to the board:

- On 06 March 2025 the ARAC was alerted to the non-compliance with paragraph 7.2.7 of the Standing Orders in respect of the approval of the minutes of the Annual General Meeting (AGM) from 2023. Standing Order 7.2.7 requires that “A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement”. It was identified in Autumn 2024 that this had not been the case for the 2023 AGM minutes (which were taken to the 2024 AGM for approval). This oversight was corrected for the 2024 AGM, and the minutes were approved by the board in November 2024.
- On 06 March 2025, ARAC received an update regarding the non-compliance with the application of the contract award process with respect to digital procurement. The Trust Board received this information directly via correspondence in February 2025, and the committee were advised that whilst the process was followed in line with Standing Orders, the contract was awarded without the required approval of the Board (as the financial limit exceeded the Chief Executive’s delegated financial limit); as such, retrospective approval was sought from the Board. The Board and the Committee were assured of the mitigating actions taken to ensure future compliance.

In May 2024 the Trust Board approved a temporary amendment to Standing Order 7.2.5 which requires the Trust to hold its Annual General Meeting (AGM) no later than the 31 July each year. The temporary amendment was in response to guidance from the Welsh Government which allowed NHS bodies to hold their AGM no later than 30 September 2024. In response, the Trust held its 2024 AGM on the 27 September 2024.

Changes to the Trust's Standing Orders, Scheme of Reservation and Delegation of Powers in year included the following:

- Change in Trust name to reflect UTS from 01 April 2024;
- Changes in the Trust's commissioning arrangements with the establishment of the Joint Commissioning Committee from 01 April 2024;
- Changes to the Scheme of Reservation and Delegations of Powers logistical process that flow from the changes, in relation to contract awards. The Standing Orders and accompanying documents can be found in the [publications](#) section of our website;
- In March 2025 the Board approved changes to the Standing Orders (Main Document) in relation to the publication of papers such that it is now stated that there must be at least five clear days between publication of papers and a meeting of the board. There were other minor changes made regarding nomenclature;
- Additionally in March 2025, there were changes made to the Scheme of Reservation and Delegation of Powers (Schedule 1) to update the titles of Directors within Tables A and B.

Trust Board

The Board is accountable for governance, risk management and internal controls. It focuses on the following key areas:

- Strategy: Developing the strategy, vision, and purpose of the Trust. Identifying priorities, establishing goals and objectives, applying resources, understanding risks to the achievement of objectives, and allocating funds to support the decisions that need to be made around strategic planning.
- Embedding Ethical Behaviour: The Board shapes the culture of the Trust in several ways, including by the way in which it engages with our people, our patients and stakeholders, the way it manages its agenda, by the nature of the discussions at the Board and the relative emphasis given to different performance criteria, by the visibility of its members in the organisation, and by where it chooses to invest time and resources. Board members must live

up to the highest ethical standards of integrity and probity and abide by the Nolan Principles.

- **Quality:** Sets organisation wide expectations and accountability for high performance and compliance with the duty of quality and the duty of candour as set out in the Health and Care (Quality and Engagement) (Wales) Act 2020. Ensures that all staff understand their role in the effective and high-quality provision of care in a governance framework that ensures a balance between trust, constructive debate, and effective challenge in a culture of openness and learning.
- **Managing Risk:** The Board is responsible for ensuring there is a robust system of risk management and internal controls in place, and that they are sighted on the mitigations in place for the principal risks to the delivery of the strategy.
- **Gaining Assurance on the Delivery of Strategy and Performance:** Holding to account, and being held to account, for the delivery of the strategy in accordance with the strategic and performance frameworks developed by the Board, focusing on strategy, performance, culture, and behaviours. Board Members have responsibility for the strategic direction of the Trust, and provide leadership and direction, ensuring sound governance arrangements are in place.

The Board comprises the Chair, Vice Chair, six Non-Executive Directors and six Executive Directors. The Board is supported by five further non-voting Directors and two Trade Union Partner representatives. There were four non-voting members of the Board until 31 October 2024 when this increased to five, with the appointment of Carl Kneeshaw as the Director of People from the 01 November 2024. This change in leadership in the People and Culture Directorate is detailed further in the Directors' Report.

The Board holds scheduled meetings bi-monthly, with an additional meeting to approve the Annual Report and Accounts, and an Annual General Meeting. The Trust Board met in public seven times in 2024/25, and seven times in private session, where matters of confidentiality and/or commercial sensitivity were discussed.

Decisions made in private session of the Board and Committees are thereafter reported in the public session of the Trust Board.

Board and committee meetings in 2024/25 were appropriately constituted and were all quorate. The Trust did not stand down any of the scheduled Board or Board Committee meetings during 2024/25. The Board's sole advisory group, the Welsh Ambulance Services Partnership Team (WASPT) met six times in 2024/25 and reports to the People and Culture Committee.

In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the Trust is required to meet in public and has done so for its 2024/25 Board meetings. All meetings of the Trust Board in 2024/25 were held at the Cardiff Ambulance Station.

Throughout 2024/25, the Committees of the Board were mostly facilitated in a hybrid manner, although some continue to take place virtually over Microsoft Teams. This mode of facilitating meetings is effective given the national remit of the Trust and allows for greater participation from members and attendees located throughout Wales.

To ensure business is conducted in as open and transparent a manner as possible, our people, our patients and stakeholders can join the public Board and Committee meetings and can submit questions prior to the meetings. The Trust Board meetings have been livestreamed on the Trust's Facebook page; however, from March 2025 the Trust moved to facilitating these meetings via Microsoft Townhall which means that the livestreaming function is not available.

The recordings of the meetings are still retained on YouTube and the Trust website for future reference and viewing. It remains possible to register and watch the meeting in real time, as was the case for Zoom webinars. Details of how to join a board or committee meeting are available on the Trust's website [here](#).

Details of Board and Committee meeting dates and member attendance can be found in Appendix one and Appendix two. Agendas and papers for public sessions are published on the Trust's [website](#) seven calendar days before a meeting. The Trust held its 2024 Annual General Meeting via Zoom on 27 September 2024 and the meeting was [livestreamed](#). The meeting was held in September 2024 as opposed to July (as per the Trust's Standing Orders) as it reflected the extended audit timeline for the 2023/24 Annual Report and Accounts.

A key focus of the Board during the year was delivery of performance and quality assurance and improvement, in an environment where the system pressures in the NHS in Wales continued to be a key feature. Further, significant time is committed at the Board and its Committees to discussing the harm which our patients and our people were, and continue to be, exposed to; and in doing so ensuring the Trust is doing all it can to mitigate this. There were also important changes introduced in 2024/25 with the revised clinical model and associated CMT Programme, which was a focus for the Board. Furthermore, this year the Board began receiving reports from the Speaking Up Safely (SUS) Guardian on the Trust's SUS arrangements which have been formalised and improved over the last few years.

Decisions and actions were recorded and maintained in the form of meeting minutes and a supporting action log, both of which are reviewed at each meeting.

Key decisions and significant matters of business which require escalation are made by each Committee to the Trust Board after each Committee meeting in the form of an Alert, Advise, Assure (AAA) report. Examples of the key governance and control matters addressed by the Board during 2024/25 were:

- Audit Wales Annual Report for 2024.
- Audit Wales Structured Assessment 2024.
- Charitable Funds (the Trust's Charity) accounts and annual report.
- Monthly integrated quality and performance reporting aligned to the balanced scorecard of our patients, our people, value, and partnerships.
- Delivery of the 2024/27 Integrated Medium-Term plan and approval of the 2025/28 plan.
- Regular financial performance reports.

- Patient and staff stories.
- Risk and Board Assurance Framework.
- Standing Orders, Scheme of Reservation and Delegation of Powers, Standing Financial Instructions.
- Annual effectiveness reviews and amendments to terms of reference for all Committees.
- The Digital Plan Refresh 2024/2029.
- Speaking Up Safely assurance reports.
- The Quality and Performance Management Framework refresh.
- The Trust's Wellbeing Objectives.
- The Health and Wellbeing Plan 2025/2029.
- Trust Annual Report, accounts, and governance statements.
- The Welsh Language Annual Report and;
- The Duty of Quality Annual Report.

Further details on the working of the Trust Board in 2024/25 can be found on our website [here](#), including the dates of meetings, papers, minutes, and recordings of past meetings. Additionally, the Board has a 'Board Visibility and Engagement – capturing our experience', SOP which it follows, to support their leadership of the Trust. This was reported to the May 2025 Board meeting and can be found [here](#).

The **Board Development Programme** continued in 2024/25 with a focus on understanding, learning and reflection. The six scheduled sessions were well attended and designed to stimulate discussion on strategic initiatives; shape culture and behaviours; strengthen system and partnership working; enhance knowledge of the regulatory environment and allow for more detailed briefing of complex issues ahead of formal meetings. Following commentary in the 2024 Structured Assessment, these sessions also include feedback from Non-Executive Directors on the visits they have made in the previous weeks.

Sessions included:

- Strategic planning.
Wellbeing of Future Generations Act responsibilities.
- Manchester Arena Inquiry recommendations.

- Sessions on the Trust's CMT and remote clinical care.
- Reputation audit and feedback.
- Commercialisation.
- International ambulance practice from Australia, the USA and Canada.
- Duty of quality and duty of candour responsibilities.
- Sessions on the development of the Trust's risk appetite statements.
- Cyber security.
- 'More Than Just Words' Welsh Language framework.
- 2025/28 IMTP development.

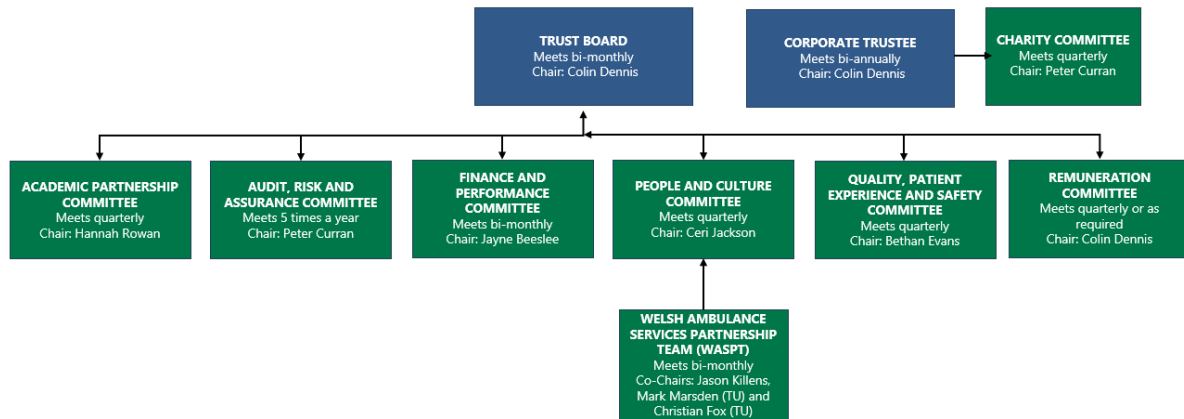
The **Welsh Ambulance Services NHS Trust Charity** (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales. The Trust Board acts as the Corporate Trustee of the Charity. The Corporate Trustee is responsible for the general control, management, and administration of its charity, as well as setting its strategic aims and objectives. Oversight of the Charity is carried out by the Charity Committee. The Charity Annual Report and Accounts for 2023/24 have been published on the Trust website [here](#). The Audit Wales Independent Examination report is available in the Corporate Trustee papers from its meeting in January 2025, available [here](#). The Head of Charity joined in October 2024 to support its strategic development.

Board Committees

The Board has seven standing Board Committees, each chaired by a Non-Executive Director. Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference.
- gaining assurance and providing oversight on key aspects of organisational performance and supporting achievement of the Trust's strategic goals.
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Committee papers and minutes for each meeting are contained in the [Committee](#) section of the Trust’s website. The Board Committee structure is as follows:



Welsh Ambulance Services University NHS Trust

Committee Chairs prepare a highlight report for the Board which is based on an AAA reporting model. This is circulated to the Board following each meeting and discussed at the Board meeting following that Committee meeting. Minutes of Committee meetings are also presented to the Board once approved by the relevant Committee. The Minutes and AAA reports from each Committee are published within 14 days of the meeting. The Minutes and AAA reports from the Charity Committee are taken to the Corporate Trustee where possible.

As well as reporting to the Board, Committees ensure that cross-reporting and consideration takes place, and assurance and advice is provided to the Board and the wider organisation. Each Board Committee has Executive Director or Director leads who work closely with the Chair of that Committee and the Director of Corporate Governance / Board Secretary in agenda setting, business cycle planning and ensuring good quality, timely information is presented to the Committee. After each meeting of the Board and Committees, immediate reflections are sought from the group on the meeting, which often inform changes to operating arrangements.

The terms of reference for each of the Board Committees are set out in the Trust's Standing Orders and a summary of each of the Committee's responsibilities is provided below. The Trust completed comprehensive effectiveness reviews and updates to the terms of reference for each Board Committee during 2024/25.

Each Committee has prepared an annual report of its business and effectiveness in 2024/25, with the annual reports and revised terms of reference for each Committee being presented to the Trust Board in May 2025. The papers for this meeting are available [here](#). It is noted that the name of the Audit Committee was adjusted in year to the ARAC, following the 2023/24 committee effectiveness review.

The **Academic Partnership Committee (APC)**, approaches its remit with a mixture of scrutiny (particularly with respect to refreshed priorities and attainment of UTS, partnering (ensuring the right partners are on the Committee and that appropriate arrangements are in place with partners), connecting (with existing and new partners to research/programmes of work in the Trust, and inquisitorial (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote). In year, the Trust welcomed its first academic Non-Executive Director, Professor Hayley Hutchings, who joined the Trust Board on the 11 November 2024. The committee's effectiveness review this year highlighted the need to view its remit in a fresh light given that University Trust Status has now been confirmed.

The Committee met four times in 2024/25. Through the Committee's cycle of business, a regular stream of assurance was provided as well as updates and matters for discussion and approval. Where necessary the Committee escalated issues of concern to the Board. The Committee's work plan for the year is detailed in the 2024/25 committee annual report, which is available on the public committee page: [here](#). All the committee papers, minutes and highlight reports from throughout the year are also available on this page.

The **Audit, Risk and Assurance Committee (ARAC)** provides key sources of assurance to the Board that the organisation has effective controls in place to manage the risks to achieving its strategic objectives and reviewing governance and assurance processes. The Committee met six times during 2024/25. Through the Committee's cycle of business, a regular stream of assurance was provided as well as updates and matters for discussion and approval. Where necessary the Committee escalated issues of concern to the Board. The Committee's work plan for the year is detailed in the 2024/25 committee annual report, which is available on the public committee page: [here](#). All the committee papers, minutes and highlight reports from throughout the year are also available on this page.

The purpose of the **Charity Committee (CC)** is to make and monitor arrangements for the control and management of the Trust's charitable funds and its strategic direction. The Committee met four times during 2024/25. Through the Committee's cycle of business, a regular stream of assurance was provided as well as updates and matters for discussion and approval. Where necessary the Committee escalated issues of concern to the Board. The Committee's work plan for the year is detailed in the 2024/25 committee annual report, which is available on the public committee page: [here](#). All the committee papers, minutes and highlight reports from throughout the year are also available on this page.

The **Finance and Performance Committee (FPC)** supports the Board by providing assurance regarding the Trust's statutory financial and planning responsibilities and has a monitoring role in the delivery and performance of business functions across the Trust. The Committee met six times during 2024/25. Through the Committee's cycle of business, a regular stream of assurance was provided as well as updates and matters for discussion and approval. Where necessary the Committee escalated issues of concern to the Board. The Committee's work plan for the year is detailed in the 2024/25 committee annual report, which is available on the public committee page: [here](#). All the committee papers, minutes and highlight reports from throughout the year are also available on this page.

The **People and Culture Committee (PCC)** supports the Board by providing assurance with regard to all matters pertaining to its workforce, both paid and volunteer. The Committee provides assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language. The Committee met four times during 2024/25. Through the Committee's cycle of business, a regular stream of assurance was provided as well as updates and matters for discussion and approval. Where necessary the Committee escalated issues of concern to the Board. The committee's work plan for the year is detailed in the 2024/25 Committee annual report, which is available on the public committee page: [here](#). All the committee papers, minutes and highlight reports from throughout the year are also available on this page.

The **Quality, Patient Experience and Safety Committee (QuEst)** supports the Trust Board by providing assurance on the Trust's clinical governance arrangements, in particular those for safeguarding and improving the quality and safety of patient centred healthcare. The Committee met four times during 2024/25. Through the Committee's cycle of business, a regular stream of assurance was provided as well as updates and matters for discussion and approval. Where necessary the Committee escalated issues of concern to the Board. The Committee's work plan for the year is detailed in the 2024/25 committee annual report, which is available on the public committee page: [here](#). All the committee papers, minutes and highlight reports from throughout the year are also available on this page.

The **Remuneration Committee (RemCom)** provides advice and assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service for staff, in particular senior staff. The Committee meets in closed session only and met four times during 2024/25. All the Trust's Non-Executive Directors are members of the Remuneration Committee, and the Chair of the Committee is the Chair of the Trust Board.

Advisory Groups

In support of the Board, the Trust has established the WASPT which is the forum where senior leaders, trade unions and professional organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where Trade Union Partners and senior leaders engage with each other to inform, debate, and seek to agree priorities on workforce and health service issues. This Advisory Group provides the formal mechanism for consultation, negotiation and communication between the trade unions and the Trust's senior leadership.

This Group reports to the PCC at each meeting, with issues escalated to the Board and via the PCC AAA report. WASPT meets bi-monthly and held six meetings in 2024/25 in person and in private session. From May 2024 each meeting included an informal workshop on topical issues.

Operational and corporate forums have been established by WASPT that report into it to enable issues to be dealt with locally, and for WASPT to function in a more strategic space. The Group held its effectiveness review in March 2025 and its terms of reference and annual report will be reported to the Board in May 2025 with appropriate changes proposed to its operating arrangements.

The Trust does not have a Stakeholder Reference group or a Healthcare Professionals' forum (as defined in the IFRS NHS Wales Manual for Accounts) as these are not applicable to the Trust.

Joint and All-Wales Committees

As of 01 April 2024, the NHS Wales Joint Commissioning Committee (JCC) replaced both the National Collaborative Commissioning Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC).

The JCC is a joint committee of the seven Health Boards, and it has responsibility for the planning and commissioning of emergency ambulance services including NHS Wales 111 and specialised services which were previously provided by WHSSC, on an All-Wales basis.

Further information on the JCC and its commissioning role is set out in the Performance Report, in particular, the changes to commissioning arrangements effective April 2024. Further information can be found within the 'Decision-making and governance' section of the Performance Report.

The NHS Wales Shared Services Partnership Committee (NWSSP) was established in 2012 and is hosted by Velindre NHS Trust. It has responsibility for the shared functions for NHS Wales, such as procurement, recruitment, and legal services. Regular activity reports of the Committee are received by the Board. The Trust's Executive Director of Finance and Corporate Resources is a member of this Committee. Reports from these Committees were included in Board packs in 2024/25, where available.

Improvements to the Governance Framework

The Trust Board routinely assesses the effectiveness of its governance arrangements, of which the Board's Committees are an integral element. Changes to operating arrangements following the annual Committee effectiveness reviews will be proposed to the Board in May 2025. The full list of changes to operating arrangements is available in the papers for the May 2025 Trust Board meeting, available [here](#).

The changes identified following the 2023/24 annual effectiveness reviews were completed throughout 2024/25 and this was reported to the ARAC in May 2025. Whilst good progress was made, the issue of the Board holding its meetings in venues around the country will be considered further, as it was not implemented in 2024/25.

With specific reference to the ARAC, throughout the year the Non-Executive Director members of the Committee, with the Director of Finance and Corporate Resources and the Director of Corporate Governance/Board Secretary, met quarterly to review the National Audit Office toolkit questions which formed the basis of the Committee's the annual effectiveness review discussions.

c) The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised, the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control remains in place for the year ended 31 March 2025 and up to the date of approval of the Annual Report and Accounts.

d) Capacity to handle risk

The Trust is committed to actively and effectively managing risk as a key element in the successful delivery of its business and strategic objectives, service provision to the public and remains committed to ensuring staff throughout the organisation are trained and equipped to identify, analyse, evaluate, treat, and escalate risks.

Managing risk is a key, collective responsibility for the Trust Board and remains an integral part of the governance arrangements and organisational activities to support decision making, strengthen and positively impact the development of the Trust's future strategic ambition. It provides clarity on the risks that would prevent us from achieving our organisational objectives.

Risk Management Framework

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that the Trust has an effective risk management framework and system of internal control in place as required by Standing Orders; however, Directors have responsibility for the ownership and management of corporate and operational risks within their own portfolios.

The Director of Corporate Governance / Board Secretary has responsibility for leading on the design, development and implementation of the Risk Management and Board Assurance Framework (BAF) that provides a line of sight to the controls and related assurances, and the actions the Trust will take to mitigate the risks.

Board Assurance Framework

The Trust's current BAF is mapped to the IMTP deliverables and, by extension, to the strategic objectives. The link to the BAF and the risk report discussed at the Trust Board on 27 March 2025 can be found [here](#). The goal of the strategic BAF is to provide assurance to the Board that the key risks to the strategic objectives are being managed effectively.

The 2024 Audit Wales Structured Assessment noted that *"the Trust is undertaking a significant programme of work to strengthen its risk management arrangements, including enhancing the BAF to ensure it focuses more on the risks to achieving strategic objectives"*.

Internal Audit undertook its annual, planned audit on risk management in Quarter four 2024/25, with the overall objective to assess the effectiveness of the procedures for identification, management and reporting of strategic and key operational risk through the BAF and the Corporate Risk Register (CRR). The review provided reasonable assurance and noted the development of the new strategic BAF that will focus more explicitly on the achievement of strategic objectives and that the reporting of the current key risks through the Board and its Committees is working effectively. The report highlighted one medium priority recommendation to revise and update the Risk Management Framework procedures and documents once the new strategic BAF has been finalised and introduced and the risk appetite statements finalised.

During 2024/25 the Trust continued to make progress on its ambition to develop and deliver a strategic risk management framework as a key enabler of our long-term strategy and decision making. The continued maturation of the risk management framework supports the Trust to focus on whether mitigating actions are taken and achieving their intended impact on significant and ongoing risks and challenges, and to support the Board to challenge where that impact is not being demonstrated or sustained. A specific focus continues to ensure that risks achieve their target score by way of regular review of controls, assurances, and any gaps.

Development of the strategic BAF and risk appetite statements will continue to be overseen by the ARAC in 2025/26.

Monitoring and Recording Risks

Processes are in place for the recording and monitoring of risks throughout the Trust; however, a new digital solution that supports our enterprise risk management, strategic risk management, and the production of a digital BAF is being sought.

The frequency of monitoring risks and the levels of escalation are set out in the Risk Management Guidelines which support the delivery of the Risk Management Policy and enables lower rated risks to be managed locally by the risk owner and delegated officers, teams, and managers best placed to mitigate them. These documents describe the Trust's processes to assess and treat risk through local, Directorate and Corporate Risk Registers. These enable risk owners to apply appropriate inherent, current and target risk scores using a 5 x 5 matrix for likelihood and consequence which was adopted as a best practice framework across Wales.

A BAF guidance document supports the Board in interpreting the component parts of the BAF and the questions they ask to seek appropriate levels of assurance.

Risk Appetite

The Trust operates as part of a publicly funded healthcare system in Wales and does not have unlimited resources, therefore it determines the appropriateness and cost of resources required to address corporate risks.

To be more specific in relation to the appetite for risk against each of our strategic objectives, work began on developing a suite of risk appetite statements in 2024/25 with the Trust Board. These statements will define the level of risk that the Trust is willing to take or accept in pursuit of its strategic objectives to ensure better outcomes for our patients, our people and communities and in working with our partners and stakeholders.

Risk Profile

The risk profile of the Trust is subject to senior management and Board scrutiny. As at the 27 March 2025 Board meeting there were thirteen organisational wide, corporate risks on the Trust's CRR with ten scoring 15 and above.

The Trust's highest rated risks, ID 223 (*the Trust's inability to reach patients in the community causing patient harm and death*), and ID 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*), remain at the highest score of 25 and remain unchanged despite a series of mitigating actions being in place and several updates to the controls. The number of lost hours due to handover delays remained significant reported at 18,811 hours in February 2025 and continue to present patient safety risks and extended waits in the community with a deteriorating Red performance being outside of what is acceptable to deliver a safe emergency service.

Sustained, and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death. Internal and external factors are putting services under severe pressure which presents risks to patient safety.

The Trust's risks continue to be dynamically reviewed in conjunction with one another and closely monitored by management, Board Committees, and the Trust Board as well as at internal forums.

The risk score for the two highest rated risks above is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.

As reported to the March 2025 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. Because of this, the likelihood is that the levels of avoidable harm will continue. The Trust is continually seeking additional actions to mitigate these risks, with particular emphasis on the clinical model transformation programme. The actions for the Trust and stakeholders are articulated in the avoidable harm paper that the Board considers at every meeting.

To support the continued, detailed review and mitigation of these highest scoring risks, several workshops took place throughout 2024/25 with members of the Risk Owner's senior teams to contribute to the design and development of a different approach to managing and monitoring those areas that are within the Trust's control and those that are not. This work continues into 2025/26.

The BAF provides detail of mitigating actions for all principal risks, and these are updated when risks are reviewed according to the review schedule. The ten organisational corporate risks scoring 15 and above are described in the table below.

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223 QuEst	The Trust's inability to reach patients in the community causing patient harm and death.	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Executive Director of Operations	25 (5x5)
224 QuEst	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service.	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	Executive Director of Quality & Nursing	25 (5x5)
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of People & Culture	20 (5x4)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation.	<p>IF there is an inability of the Trust to deliver its core services because of system or organisational pressures</p> <p>THEN there will be a loss of stakeholder confidence in the Trust</p> <p>RESULTING IN a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny</p>	Director of Partnerships & Engagement	20 (4x5)
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p> <p>RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	20 (4x5)
641 FPC	The Trust's inability to implement the learning from all relevant Manchester	IF the Trust has not fully implemented the MAI recommendations AND a major	Executive Director of Operations	20 (4x4)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	<p>incident or mass casualty incident is declared</p> <p>THEN there is a RISK that the Trust's Incident Response will be suboptimal</p> <p>RESULTING IN avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability</p>		
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	<p>IF there is a lack of resources and available technology and infrastructure</p> <p>THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines</p> <p>RESULTING IN negative environmental and social impacts causing and reputational damage</p>	Executive Director of Finance & Corporate Resources	16 (4x4)
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST</p>	Director of People & Culture	15 (3x5)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.	<p>IF a major incident or mass casualty incident is declared</p> <p>THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients</p> <p>RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.</p>	Executive Director of Operations	15 (3x5)
623 FPC	Failure to comply with Data Protection Legislation	<p>IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality</p> <p>THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used</p>	Director of Digital Services	15 (3x5)

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.		

Risk Assessment and Risk Review Process

The Trust’s ADLT, ELT, ARAC and Trust Board regularly received, considered, and contributed to the CRR during 2024/2025. Furthermore, risks relevant to the remit of the Finance and Performance, People and Culture, Quality, Patient Experience and Safety, and the Charity Committees were reported at their meetings for scrutiny and challenge. Each Committee agenda is developed and aligned to risks within its remit and deep dives on mitigations of risks feature regularly for detailed discussion. In addition, the Board receives a stand-alone report on all corporate risks at every meeting focussing particularly on the highest rated risks. These risks are described in the above CRR table.

On each occasion, assurance was provided on progress made by the Trust (including partners and stakeholders as appropriate) to mitigate existing risks and to set out all new and emerging risks to the organisation. The Board and its committees continuously seek to ensure that management is scrutinising the mitigations within its control and that all is being done to mitigate risks to target.

The ADLT continue to review the risk assessments on all new corporate risks in development and any changes to existing risks and mitigating actions. Each of these risks have been developed by the delegated, responsible officers and the risk owners and are agreed at directorate business meetings and signed off by the risk owner prior to review by the ADLT. The activity is then reported to the ELT, for approval, and onwards to relevant Board Committees and the Trust Board.

Stakeholder Involvement in Risk Management

The Trust recognises that managing several of its key risks relies on close partnership working with stakeholders, including Health Boards to ensure risks are understood and mitigating actions are carried out in partnership where necessary. Risk ID 223 and 224 (set out above) require close involvement from system partners to support the mitigation of these highly rated risks.

The Committee Secretary & Associate Director of Corporate Services and the Assurance & Risk Officer from the JCC attended the QuEst meeting in February 2025 to consider the Trust's approach to these highest rated risks, how the committee meeting agendas are structured and how the reports it receives demonstrates the mitigations against these risks. The Trust's risk team have continued to meet with colleagues from the JCC to explore approaches to mitigating these risks from a system perspective given these remain the highest scoring risks on the JCC's new risk register as well.

The highest scoring risks are regularly shared and discussed at the regular Joint Executive Team meetings.

The Trust receives information from a variety of other sources which helps inform the Trust's risks and mitigating actions. These sources include (but are not limited to) feedback from patients and the public, concerns raised with the Trust and serious adverse incidents.

Working with partner organisations is a prominent factor in delivering the Trust's services and ambitions as set out in the IMTP which will result in significant benefits for the population. However, in doing so, the Trust recognises that this will impact on the environment where services and projects are delivered and can lead to additional partnership and programme risks.

Risk Management Training

The Trust remains committed to continuing to deliver risk training, with bespoke training sessions, offered for teams and for specific staff group induction programmes.

The training captures the fundamentals of risk management including the identification and escalation of risk as well as discussion on the Trust's highest scoring risks and the role all staff have in risk management and mitigating specific risks.

Risk Management Programme – Focus for 2025/26

The Trust embarked upon a three year risk management transformation programme in 2022/23 to further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

The programme has built on the positive risk culture embedded during 2022/23 and has, to date, delivered on the re-articulation of the Trust's principal risks; a methodology which has since been implemented across all tiers of risks, the development of the Trust's first Risk Management Policy alongside a suite of procedures, and the introduction of a transitional BAF which is the document reviewed by the Board and its committees currently.

The next stage is the design and implementation the strategic BAF and risk appetite statements. This is in addition to the continued development and roll out of organisational wide training which will bring the risk management transformational change programme to a conclusion.

Emergency Preparedness and Specialist Operations

As a Category One NHS organisation, under the Civil Contingencies Act 2004, the Trust has ensured that we have maintained emergency plans and business continuity arrangements through 2024/25, that consider our duties under the Act and under the NHS Wales Emergency Planning Core Guidance issued by the Welsh Government.

The last twelve months has seen some extensive work within the Emergency Preparedness, Resilience and Response (EPRR) Team, which has included working with internal and external stakeholders on the Manchester Arena Inquiry (MAI) recommendations and working with Welsh Government colleagues on the structure of Welsh Civil Contingency response going forward.

Work has been ongoing to review the recommendations within the MAI report. Following the submission of a funding ask into the JCC, in line with recommendation 106 of the MAI report, the JCC have started to review the reports in conjunction with health board colleagues, utilising four workshops. The outcome of these workshops will then be reviewed for final approval on the funding. To ensure the progress of the recommendations that requires additional funding to complete, beyond the life of the Manchester EPRR project, the 18 recommendations have been developed into a Corporate Risk and will be managed through this process until they can be completed.

The Grenfell Reports have been published and the EPRR Team have reviewed these reports for relevance to the Trust. The EPRR Team have undertaken the review of the two Grenfell reports to assess the recommendations that have been presented and compare the recommendations to the MAI recommendations. The review found no additional recommendations that the Trust should consider, and that our review complemented the work that has already been undertaken on the MAI and passed to our commissioners. Our Grenfell consideration was subsequently submitted to our commissioners.

The EPRR Team has recognised that the Trust obligations under the Civil Contingency Act to ensure robust Business Continuity plans are in place, has needed bolstering. The Trust business continuity reporting structure has been reviewed and updated to provide a consistent reporting and escalation process for all areas of the Trust. This will ensure effective Business Impact Analysis and Business Continuity Plans are in place. To complement the new structure, business continuity software has been procured. This software will allow all departments of the Trust to maintain their plans in a consistent and usable format. Work has commenced to implement the software across the Trust.

The Trust has seen a number of significant incidents, including the train crash in Powys, national loss of our primary telephone systems, the school stabbing in Ammanford and severe weather including the Red Weather Warning affecting large areas of the Trust. These events have enabled the Trust to test its planning and preparation and its response to spontaneous and expected incidents.

The Trust has continued to work with Local Resilience Forum (LRF) partners in reviewing national and local risks. Welsh Government has published a Wales specific risk register looking at the national UK risks and the Wales specific risks. Work is underway with health and LRF partners to assess these risks and mitigate against them. The EPRR team is reviewing the Welsh Risk Register to ensure the Trust is able to mitigate the risks that are applicable to the Trust.

The Trust has sustained a Hazardous Area Response Team (HART) and Specialist Operational Response Team (SORT) response throughout the year. Funding to enhance the Trust's SORT capability has been received; this will allow the Trust to ensure the most effective response to chemical, biological, radiological and nuclear /hazardous material, major terrorist attacks, and water incidents. The first phase of the uplift has been implemented and training for the new volunteer SORT operatives commences in April 2025.

The Trust has continued to work in partnership, through LRF, to address and mitigate the wider impacts of risks on the population and our organisation. We have been key members of the four Local Resilience Fora Executive planning groups, training and co-ordination groups and the Local Resilience Fora subgroups. The Trust has been fully engaged, alongside partners, in the Civil Contingencies Review that has been undertaken across Wales and continues to support Welsh Government and the LRF with the development of the Wales Resilience Framework.

The 2025/26 year will present challenges to the organisation within the emergency preparedness field. Work on the MAI recommendations has highlighted areas of the EPRR Team that need greater capacity, but this can only be achieved with additional funding. The EPRR Team will continue to work with partners from the Blue Light Services and the LRF across Wales and with partners from ambulance services across

the UK to provide as robust an emergency planning function as possible. Further work will be required to implement the recommendations within the MAI reports, and additional funding will be required in all remaining outstanding areas to be able to effectively implement the recommendations.

The UK Government Resilience Framework was released in December 2022 and Welsh Government are currently working on the Wales Resilience Framework which considers that Part One of the Civil Contingencies Act 2004 is devolved to Wales; this report is expected in Spring 2025. This will undoubtedly impact on the Wales Civil Contingencies arena and lead to changes within the emergency planning for all Category One Responders within Wales. The Trust continues to engage and support at a national and local level to remain prepared to respond to any likely event, incident or set of circumstances that impacts on the organisation and population.

e) The Control Framework

Quality Governance Arrangements

The Trust remains focussed on sustaining and developing a culture of improving quality across the Trust with regular reporting of quality governance providing assurance to the QuEST Committee. In September 2024 Audit Wales concluded a follow-up review of the Quality Governance audit conducted in 2022. The key findings acknowledged improvements in our quality governance structures, including compliance with the duties of quality and candour. The review identified a number of recommendations made in the 2022 audit to remain in progress, in contradiction to the Trust's assessment, and areas for further improvement were also identified. The Executive Leadership has provided guidance on the clarity required for governance and evidence required to complete actions to prevent a recurrence of differing levels for future reviews and we have agreed further actions to be taken forward in 2025/26.

An internal quality forum, the QMG, has continued to build connections to support an organisational approach to quality improvement and underpin our Quality Management System. The development of intelligence platforms within this area has allowed us to identify areas of improvement in our quality control and quality assurance spaces working together to share information and monitor improvement.

The purpose of the forum is to improve cross-organisational working and provide advice for strategic forums, through quality planning and escalation, and through assurance governance frameworks. The QMG reports to the CQGG, which is the primary clinical & quality governance forum in the Trust.

Quality Impact Assessments (QIA) are embedded within governance infrastructures and have been pivotal in ensuring that decisions taken around Clinical Services transformation have been considered across the 12 Health & Care Quality Standards. Clear guidance and support is provided across governance forums to ensure that quality is at the heart of decision making and specialist advice continues to be provided by our quality teams to support leaders across the organisation in considering the impacts of proposals and decisions against these standards.

The QPMF provides the principles and organisational requirements for a robust Quality Management System. This framework and the workplan associated with it is monitored by the Quality and Performance Management Steering Group who provide assurance to our Executive Leadership team. The QPMF has been reviewed this year using the clauses and principles of ISO 9001:2015 as a guiding framework. As part of the refresh a stronger influence from the Duty of Quality and the Health and Care Quality Standards 2023 is included throughout. An internal audit completed in November 2024 reviewed the deployment of the framework and assessed the extent to which it is embedded across the organisation. The audit provided reasonable assurance on its findings but identified some areas for improvement relating to the communication plan and governance structure. Because of this, the Trust has agreed further actions to take forward into 2025/26.

A Health and Care Quality standards self-assessment framework has been designed to understand how we are delivering a quality service across the organisation and what improvements we need to make. This framework is used to assess the organisation against the standards, provide assurance to the Quality, Patient Experience and Safety committee and inform the content for the Duty of Quality Annual Report.

The Trust's PECl Team provides opportunities for people to share their experience using a face-to-face engagement events, online surveys and storytelling video booth for people to record their own experience stories. Patient stories are shared throughout our governance infrastructure including QuESt and Trust Board with associated evidence of learning and improvement. Throughout 2024/25 we have continued to develop and promote our People and Community Network to offer our citizens the forum to become more involved in improving our services. We have had a concerted focus on integrating peoples' experience feedback using insights from experience data to drive quality improvement. We have worked to increase the visibility of outputs from peoples' feedback through the Trust's QMG.

As part of our quality governance structures it is also important to listen to the voice of our people and identify areas of significant concern for our workforce. We are continuing to work on three specific priorities identified as important to our people through improving flexible working models for our frontline colleagues, eradicating shift overruns through co-produced solutions and improving our people's digital experience. We are committed to amplifying the voices of our colleagues through Speaking Up Safely, our Staff Survey and by continuing to strengthen our internal capacity to drive culture change, harnessing the passion and energy of our flourishing people networks. Feedback from our People Network members is confirming that these communities are offering a safe and supportive place for our staff to come together and share experiences.

The quarterly Putting Things Right report continues to provide assurance to QuESt. This report has a revised format focusing on assurance, performance and learning with an enhanced suite of metrics underpinning each of these areas. Compliance with the Duty of Candour is included within this report, shining a light on our approach to 'working in the open', being transparent, and our ability to be equally open when things don't go well. The statutory nature of the Duty of Candour enhances assurance and visibility of this important aspect of organisational culture. A twice-yearly Learning from Mortality report has been introduced to provide QuESt with further assurance. This report documents the Trust's maturity journey in embedding the Mortality Review Framework and broadening the range of mortality intelligence from which we learn and improve during the Learning from Death forum.

In March, the Public Services Ombudsman for Wales published two public interest reports into our care and treatment of two patients. These reports identified areas for improvement in the standard of call handling, clinical advice and record keeping. The organisation worked closely with the ombudsman over many months to maximise the learning from these events and have already implemented a number of the measures that were agreed.

The health and safety of our workforce is a continued area of focus. A review of adverse incidents reported by our people was undertaken by our Manual Handling advisor. As a result of this review a number of workstreams have been identified to improve the health and wellbeing of our people with activities planned to be taken forward through 2025.

During the 2024/25 period the Quality, Safety and Patient Experience Directorate has undertaken organisational structure changes. In the Quality Governance area, the team and leadership structures have been reviewed to better align our Quality Improvement and Quality Assurance teams to support the delivery of a robust Quality Management System across the organisation.

Information Governance Arrangements (including Data Security)

Information Governance underpins the Trust's ability to deliver high-quality, safe, and effective care. Ensuring the confidentiality, integrity, and availability of information is fundamental to maintaining trust, supporting digital transformation, and complying with statutory responsibilities.

The Trust operates a robust Information Governance Framework and has a statutory responsibility to ensure that effective governance controls and arrangements are in place, to ensure its information processing is in accordance with the law and associated standards. The framework consists of an established suite of information governance, data protection, and information security policies, procedures, guidance, and processes to inform and guide the organisation to ensure compliance is met in practice. The framework includes monitoring and reporting arrangements, audits, compliance assessments, and improvement initiatives along with incident and risk management processes. The Trust has embedded a culture of continuous

improvement across its Information Governance activities, supported by both internal and external audits. Recommendations from these audits are tracked to completion and used to inform policy updates and training content.

Information security remains a significant risk across NHS Wales, and the Trust continues to develop mitigations for and monitor the associated Risk, number 260 '*A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems*'. With a risk-led approach, the Trust has focused on improving the technology, processes, and people aspects to ensure cyber resilience. A Cyber Improvement Plan is in place and is actively monitored. System risk assessments are routinely undertaken. An Information Security Policy is in place, and training and awareness is actively shared and communicated across the Trust under the Information Security Training Campaign. Regular exercises are conducted to test resilience, refine business continuity plans and staff awareness of cyber threats.

An Information Governance Steering Group is established with Executive and senior level membership including the Senior Information Risk Owner, Data Protection Officer, and Caldicott Guardian. The Group receives reports on information governance and data protection matters, developments, and performance. It reports directly to the ELT monthly and provides assurance on the Trust's compliance with relevant Information Governance standards. The FPC has overall oversight of information governance from the QuEst, effective April 2024.

The Trust continues to provide annual submissions to the Welsh Information Governance Toolkit. The Welsh Information Governance Toolkit is a self-assessment tool that enables organisations to measure their level of compliance against national Information Governance standards and legislation. Following the previous year's submission, an Improvement Action Plan was developed by the Information Governance Team to improve on the Trust's compliance with the standards. The progress of the Improvement Action Plan is monitored by the Information Governance Steering Group. For the March 2025 submission, 95% of the improvement actions were completed.

The results of the March 2025 submission are that the Trust met the Minimum Expectations of 10 out of 11 categories. Of the categories that met the Minimum Expectations, six met the Expectations Exceeded standard. The Trust did not meet the Minimum Expectations of the 'Training and Awareness' standard. The Information Governance Team will produce the next iteration of the Improvement Action Plan to target Training and Awareness, as well as the new requirements for the Video Surveillance and CCTV category. The Improvement Action Plan will continue to be monitored by the Information Governance Steering Group.

A new Risk, number 623 '*Failure to comply with Data Protection Legislation*' was included on the Corporate Risk Register in April 2024. The risk and mitigation actions continue to be monitored and managed, including the recruitment into Data Protection Officer and Data Protection Compliance Manager vacancies, as well as continued work on the IG Toolkit Improvement Action Plan during the reporting period.

Data Protection Impact Assessments (DPIAs) are routinely conducted for new or significantly changed systems and processes involving personal data, with support from the Information Governance Team to ensure proportionality and legal compliance.

The Trust uses the Once for Wales Concerns Management System to capture information governance incidents via the incident reporting module. Reported information governance incidents are reviewed and assessed in accordance with the NHS Wales Guidelines on the Categorisation and Notification of Personal Data Breaches, which provides detailed guidance for assessing and reporting incidents. Any remedial actions are taken where required. Incident figures are reported to the Information Governance Steering Group and as part of the Monthly Integrated Quality and Performance Report. Depending on the nature and severity of the incident, the incident reports may be required to be notified to the ICO. During the reporting period (01 April 2024 to 31 March 2025), three incidents were notified to the ICO. Following notification, each incident has been closed with no further action taken by the ICO.

Corporate Governance Code Compliance

An assessment against the Corporate Governance in Central Government Departments: Code of Good Practice 2017, has been completed using the “Comply” or “Explain” approach. Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, an assessment was undertaken in April 2025 against the main principles as they relate to an NHS public sector organisation in Wales.

The Trust is satisfied that it is complying with the main principles of and is conducting its business in an open and transparent manner in line with the Code. There were no reported/identified departures from the Corporate Governance Code during the 2024/25 reporting year.

Local Counter Fraud Services

The Local Counter Fraud Specialist (LCFS) is an accredited counter fraud professional who delivers both proactive work (e.g., raising fraud awareness, preventing, and deterring fraud) and reactive work to hold those who commit fraud to account (e.g., fraud investigations). The LCFS provides reports to ARAC and the ELT in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.

Counter fraud, bribery and corruption objectives are discussed and reviewed at a strategic level within the organisation. The ARAC is accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present.

This is achieved through quarterly updates to ARAC from the LCFS; supported by an annual report on counter fraud, bribery and corruption work which complies with the NHS Counter Fraud Authority’s guidance in relation to content regarding all applicable standards for fraud, bribery, and corruption; and provides a clear update on progress against work plan objectives.

The ARAC must satisfy itself that the Trust has adequate arrangements in place for countering internal fraud and reviews the outcomes of that work, and acknowledges work completed against presented risks and an agreed work plan. The ARAC reviews and approves the internal counter fraud arrangements on an annual basis.

f) Planning Arrangements

In accordance with expectations from Welsh Government, the Trust submitted its 2024-27 IMTP by 31 March 2024 following its approval by the Board on 28 March 2024. It was approved by Welsh Government on 09 August 2024, subject to Accountability Conditions. The IMTP was developed with involvement from our stakeholders including our staff. The Trust developed its 2025-28 IMTP during 2024/25, and this was submitted to Welsh Government after approval by Board at the end of March 2025.

Within the 2024 Audit Wales Structured Assessment, in reference to corporate planning arrangements Audit Wales stated the following; *“We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. We found that the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of an ambitious Clinical Model Transformation Programme. However, opportunities remain to strengthen Board oversight of the development and delivery of the Trust’s Integrated Medium-Term Plan”.*

The Planning Team has developed comprehensive IMTP planning guidance and a project plan that guided the Trust through the development of the IMTP for 2025-28 which was approved by Board in March 2025. This addresses the Audit Wales recommendation to strengthen the Board’s oversight of the Trust’s IMTP.

The guidance has within its workstreams a clear governance and approval process, whereby there are touchpoints at Board meetings and at Board Development Days throughout the development of the plan. Additionally, there is full scrutiny at the Finance and Performance Committee and the Board as the plan comes to approval.

Further details on the Trust's IMTP and planning arrangements are set out in the Performance Report contained within the Performance Overview section of the Performance Report.

g) Disclosure Statements

The Trust confirms that in accordance with the requirements of the Governance Statement:

- Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. The Strategic Equality Plan 2024-2028 sets out the Trust's meaningful commitment to work with our people to help them recognise, promote, and celebrate equality, diversity, and inclusion. This Plan includes our approach to compliance with the Equality Act 2010, the Public Sector Equality Duty, and Socio-Economic Duty. It also outlines how the Trust will ensure the people who use ambulance services, including those with protected characteristics, have equal access and outcomes. The Plan is available on the Trust's website here: [Strategic Equality Plan 2024-2028 Welsh Ambulance Service NHS Trust](#).
- As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.
- The Trust undertakes risk assessments and has carbon delivery plans to comply with the emergency preparedness and civil contingency elements of the UKCIP (UK Climate Impacts Programme) 2009 weather projections to meet the Trust's obligations under the Climate Change Act and the Adaptation Reporting Requirements. The Trust has in place a Severe Weather Plan. In addition, the Emergency Preparedness, Resilience and Response (EPRR) team uses intelligence from the Met Office to plan ahead for adverse weather, and

weather warnings are a high priority trigger in our weekly consideration of Trust escalation levels.

The Trust works with partner agencies in our Local Resilience Fora across Wales to inform any multi-agency geographical response and the new Emergency Alert system allows for notification and warning in the event of adverse weather threats with risk to life. Planning, training, and exercising are a key aspect of the Trust's Civil Contingency responsibilities as a category one responder. Throughout 2024/25 the Trust has discussed its approach to Adaptation Planning and has included a commitment in the 2024/27 Integrated Medium-Term Plan to formalise its Adaptation Planning arrangements.

A working group has now been established across EPRR, environmental, service, clinical and capital planning areas of the Trust to complete outstanding work to risk assess using the WG adaptation planning toolkit. This will look at existing controls in place to mitigate the impacts of climate change and consider the gaps and plans that need to be put in place in addition to these existing controls as a full Adaptation Plan for the Trust.

- As set out above, the Trust had no reported serious untoward incidents during 2024/25 in relation to data security. In reporting period (01 April 2024 to 31 March 2025), three incidents were notified to the Information Commissioner's Office. Following notification, each incident was closed with no further action taken by the ICO.

Quality of Data

The quality of data generated and utilised by the Trust's core service areas is considered a collective responsibility but overseen by the Digital Directorate. Through a mature data pipeline and robust processes, the Trust maintains a strong level of data quality throughout. The Trust's Data Quality Policy outlines the importance of maintaining good data quality and clarifies the escalation process for the resolution of any discovered data quality issues.

On a monthly basis, the Trust reports key metrics of performance to Welsh Government in an Official Statistics Release. These submissions require thorough checks across all dimensions of data quality (namely: accuracy, completeness, consistency, validity, timeliness, and uniqueness), both at the call / incident level and aggregated to the higher-level views. This exercise can also involve investigation of data entries at the most granular level, whereby any issues in system, process or reporting can be identified and fixes proposed; demonstrating that data quality within the Trust takes on a full end-to-end approach. Only once the checks and balances have been signed off by senior informatics staff are the submissions supplied; given the stringent nature of this quality assurance, the Trust is named on The Official Statistics (Wales) Order 2017, which is part of the Statistics and Registration Services Act 2007.

Similarly, intelligence is offered to the Board through a variety of reports which first pass through several rounds of appropriate testing and quality assurance. Any significant changes made to data or reporting are subject to initial approval at the Insight & Data Services Changes Advisory Board and, should the findings of any impact analysis dictate a higher level of approval is required, this would be further escalated prior to implementation. With respect to Insight & Data Services and Digital Services, reports and dashboards are published to Trust systems for end users by Insight & Data Services, and are deployed in a stringent, controlled manner to maintain, wherever possible, a "single version of the truth".

In 2024, the Trust underwent a Data Quality Internal Audit and in October 2024 received the final outcome of "Reasonable Assurance". Furthermore, Insight & Data Services have now recruited two dedicated members of staff to increase capacity in the Data Quality Team and make further progress in enhancing the quality of data held and processed by the Trust.

Ministerial Directions

Ministerial Directions are published by Welsh Government as part of their health and social care publications and can be found [here](#). Of the Ministerial Directions published during the period 01 April 2024 to 31 March 2025 none were relevant to the Trust.

Welsh Health Circulars

Welsh Health Circulars provide a streamlined, transparent, and traceable method of communication between NHS Wales and NHS organisations. A number of Circulars were received during the year, and these are assigned to a lead Director who is responsible for the implementation of required actions. A log of circulars is maintained by the Trust.

h) Review of Effectiveness

As Accountable Officer for the Trust, the Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The review of the system is informed by the work of the internal auditors, and the Trust executive officers who have responsibility for the development and maintenance of the internal control framework. Additionally, comments were made by Audit Wales in their audit letter and reports, including the Structured Assessment 2024, the Follow up Review of Quality Governance Arrangements, and the Review of Cost Saving Arrangements – completed in year.

Standing Orders, Committee terms of reference and the Governance Code require that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

As set out above, each Board Committee has undergone extensive effectiveness reviews in quarter four 2024/25 resulting in changes to terms of reference to strengthen assurance and scrutiny to the Board.

The Chair's performance is evaluated annually by the Cabinet Secretary for Health and Social Care, Annual performance appraisals for the Vice Chair, Chief Executive and Non-Executive Directors are carried out by the Chair. The Chief Executive carries out appraisals of Director performance. The Remuneration Committee receives the Chief Executive's outturn position and upcoming year's objectives as well as assurance that these objectives are cascaded to the ELT.

NHS Oversight and Escalation Arrangement

Under the NHS Oversight and Escalation Arrangements, Welsh Government meet with Health Inspectorate Wales (HIW) and Audit Wales to discuss the overall assessment of the Trust.

While the tripartite evaluation involves assessment of each NHS body based on the work undertaken by the tripartite members, it is the Cabinet Secretary for Health and Social Care who determines the escalation status of NHS bodies.

At the most recent tripartite meeting the escalation status of the Trust remained unchanged at 'routine arrangements'. The Trust were advised of the outcome of this meeting on the 11 March 2025.

Health Inspectorate Wales

Health Inspectorate Wales (HIW) Report, 'Review of Patient Flow – A Journey Through the Stroke Pathway' was published in 2023/24. There were various system-wide actions generated from this report and those that related to the Trust were tracked and monitored by the QuEst Committee. The last recommendation associated with this review was completed in March 2025. There were no HIW reports received in 2024/25.

Welsh Risk Pool

During 2024 the Welsh Risk Pool (WRP) undertook an assessment of the Trust's policies, procedures, and practice as part of its oversight duties. The aim of the assessment was to gather assurance on local processes for the WRP Committee, Welsh Government and the NHS Wales Executive; and to provide recommendations to support the organisation in continuous improvement in this important area of governance. The final report was published in February 2025 and the Trust is in the process of implementing the recommendations made within the report which will be tracked and monitored by the QuEst Committee.

The Assessors were confident that the new organisational structure which has been implemented is the right approach for the Trust in respect of its patient safety and Putting Things Right processes. As there remained some outstanding actions from

the previous assessment and inconsistency in data, the assurance rating remains as Limited Assurance. However, the Assessors were confident that as the changes being implemented by the Trust take effect, there will be sufficient evidence to increase the assurance rating.

Internal Audit

Internal Audit provides the Accountable Officer and the Board with a flow of assurance on the system of internal control. The Accountable Officer commissioned a programme of audit work which was delivered subject to agreed amendments and in accordance with Public Sector Internal Audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the ARAC and the ELT and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance to the Board in reviewing effectiveness and supporting our drive for continuous improvement. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period to provide the Head of Internal Audit Annual Opinion.

The Trust develops an annual Internal Audit plan in conjunction with Internal Auditors. The plan is risk based which directs the reviews to areas where management and the ARAC considers there may be potential weaknesses. In this regard, the Trust expects to receive some limited assurance reports, and these should not detract from the overall progress the Trust continues to make. The Head of Internal Audit has concluded that: -

	<p>The Trust Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
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This conclusion is consistent with the Reasonable Assurance Head of Internal Audit Opinion reported in the Trust’s 2023/24 Annual Governance Statement.

The 2024/25 reasonable assurance conclusion is derived from 20 Internal Audit reviews.

Internal Audit Assurance Conclusion	Number of Reports
Unsatisfactory Assurance	0
Limited Assurance	4
Reasonable Assurance	13
Substantial Assurance	2
Advisory	1
Total	20

For the seventh consecutive year there have been no ‘Unsatisfactory Assurance’ Internal Audit Reports of Trust business. Set out below are the four reports that had a conclusion of Limited Assurance that were reported to ARAC during 2024/25.

Vehicle Accident Management (Limited Assurance)

The objective of this audit was to assess the management of accidents relating to Trust vehicles, and the mitigating actions being taken to reduce the rate of occurrence.

Internal Audit recognised that the Trust’s Driving at Work Policy has been reviewed, and an updated version approved by People and Culture Committee in November 2024, the cost of vehicle accidents to the Trust is low and it is currently able to better defend claims made against it.

There were six actions identified for the Trust within this report; three of which were categorised as high priority. These were in relation to the lack of recording, reporting and monitoring of vehicle accidents. The audit report was received by the Audit and Risk Assurance Committee in March 2025 and will be monitored by the People and Culture Committee throughout 2025/26.

Resourcing Policy (Limited Assurance)

The objective of this audit was to review the Trust's Resourcing Policy, its compliance with national terms and conditions, and to assess its application as an enabler for effective resource production. The outcome of a limited assurance opinion by auditors was not unexpected.

Internal Audit acknowledged that some SOPs had been produced to support the Resourcing Policy, functional SOPs were being developed to support areas such as the 111 Service and CSD. It was also noted that Weekly Unit Hour Production (UHP) reports for each function, detailing the expected staffing levels against the actual staffing levels. These reports are generated by Global Rostering System (GRS) which has a live feed, supporting decision-making regarding short notice abstraction requests. There is also regular reporting of Ambulance Abstractions and Production Indicators as part of the MIQPR, including analysis and commentary on resourcing, which is reported at Board and Committee level.

There were five actions identified for the Trust within this report; two of which were categorised as high priority. These related to the need to undertake a significant process mapping exercise to document the different approaches being applied between services and local arrangements across Wales, which result in an inconsistent application of the Resourcing Policy; and to review and report Working Time Directive breaches. The audit report was received by the ARAC in November 2024 and will be monitored by the People and Culture Committee throughout 2025/26.

Start of Shift Procedure (Limited Assurance)

The objective of this audit was to assess compliance with the Start of Shift procedure, including the preparation of vehicles and to ensure that key equipment and medicines are available. There were five actions identified for the Trust within this report; two of which were categorised as high priority.

Whilst Internal Audit recognised, anecdotally, that appropriate checks are completed by staff, there is limited evidence available to support and minimal reporting to confirm overall compliance with the expectations set out within the Trust's 'Shift Start and Finish' Standard Operating Procedure. The audit report was received by the ARAC at its meeting on 24 June 2025.

111 Wales Website (Limited Assurance)

The objective of this audit was to assess whether the 111 Wales website enables secure and effective provision of patient services. The audit report identified seven matters for the Trust to address; two of which were categorised as high priority. The audit report will be received by the ARAC at its meeting in September 2025.

Copies of all Internal Audit reports and progress reports can be obtained in the Audit Committee papers section on the Trust's website. The full Head of Internal Audit Report 2024/25 can also be found in the June 2024 ARAC papers available [here](#) and was received by the ARAC at its meeting on 24 June 2025.

External Audit – Audit Wales

The Auditor General for Wales is the Trust’s statutory external auditor. Audit Wales scrutinises the Trust’s financial systems and processes, performance management and key risk areas.

Reports are produced by Audit Wales in line with an ARAC approved annual programme of work and include management responses by the Trust for reports which contain recommendations. All Audit Wales reports are considered by the ARAC and, where appropriate, the relevant Committee and the Board. Their recommendations are subsequently recorded in the Trust’s audit recommendations tracker, which is reported to each ARAC meeting to provide assurance on their implementation.

During 2024 the Trust was subject to three Audit Wales reviews:

- Structured Assessment 2024
- Review of Cost Saving Arrangements
- Quality Governance Follow-Up Review

Details on the outcome of these reviews have been provided below.

Structured Assessment 2024

The key annual governance report on Trust matters produced by Audit Wales is the Structured Assessment. All five recommendations identified as an outcome of the Structured Assessment for 2023 have now been completed.

The Structured Assessment for 2024 was undertaken between August and September 2024 and the final report was published and received by both the Trust Board and the ARAC in November 2024.

The key focus was on the Trust’s corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on corporate approach to planning; corporate systems of assurance; board transparency, cohesion, and effectiveness; and corporate approach to financial management. This Structured

Assessment was positive and indicated an improvement in the Trust's overall governance, in the operations of the Board and Committee meetings, and ensuring that there was effective oversight of key areas of risk. Key findings included:

"Overall, we found that the Trust's corporate arrangements generally support good governance and the efficient, effective, and economical use of resources. Positively, the Trust is transforming its clinical services to better manage operational pressures and demand and is making good progress in enhancing key systems of assurance to strengthen Board focus on strategic risks. Whilst its financial performance is good, the Trust needs to move away from its reliance on non-recurrent savings to maintain organisational resilience".

The recommendations made in the Structured Assessment 2024 and all management responses covering some of the key areas of highlighted above were accepted and are being monitored by the ARAC. A total of three recommendations were made within the report and all have been completed. The Audit Wales Structured Assessment report for 2024 is available [here](#).

Review of Cost Saving Arrangements

Between February and May 2024, Audit Wales also undertook a review of the Trust's cost saving arrangements, examining the approaches to identifying, delivering, and monitoring sustainable cost savings opportunities. The review was positive with the key message being:

"Overall, we found that the Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. However, opportunities exist for the Trust to reduce its reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine its savings reporting to Board". This audit report is available [here](#).

Quality Governance Follow-up Review 2024

During 2021/22, the Auditor General reviewed quality governance arrangements across all Health Board and Trusts in Wales. That work focussed on operational and corporate approaches to quality governance; organisational culture and behaviours; and information flows and reporting.

A copy of the Audit Wales Quality Governance Follow-Up Review for 2024 can be found [here](#). The 2024 review sought to follow up the recommendations from the 2022 review, as well as assessing the assurance provided to the QuEst Committee that the Trust had responded appropriately to the requirements of the Duty of Quality and Duty of Candour. There is commentary regarding the output and recommendations of this audit in the 'Quality Governance' section of the Accountability Report.

i) Conclusion

The corporate governance framework at the Trust provides that the Committees are equipped – both in terms of their effective operating arrangements and membership – to receive and act on clear delegations from the Board. This allows the Board to focus on priority areas in the knowledge that the Committees are scrutinising and overseeing areas within their remit with a greater degree of detail than would be possible at the Board. Clear reporting from the Committees on an AAA basis, strengthens the confidence the Board holds in this framework.

The system-wide pressures across the NHS in Wales continue to inform the Trust's challenging operational environment and the Board Committees continue to escalate concerns to the Board regarding performance, quality of our services and avoidable harm to our patients. The Trust Board continues to prioritise how the Trust is mitigating avoidable patient harm at each of its meetings and continues to seek to influence change in the wider system. While several actions have been implemented from the Trust's perspective, they are not able to offset the impact of increasing handover delays.

The need to plan and respond to sustained system pressures, financial challenges, and Winter pressures has had a significant impact on the organisation and the wider NHS in Wales. It has required a dynamic response which has presented a number of opportunities in addition to challenges. The Board's oversight of the new performance targets for ambulance response and the wider CMT programme will be key in the 2025/26 pilot year.

The corporate governance framework will continue to improve in 2025/26, with a focus on integrated governance and assurance frameworks, support for report writers and presenters, and the further improvement of the Board and Committee SOP to provide consistency and improve quality and timeliness of papers, including minutes. The Board Visits SOP will continue to support members to triangulate assurance and promote visible leadership.

There is commitment to the WASPT – the Trust’s only Advisory Group - having a strategic focus to strengthen the relationship with our Trade Union partners, complementing and aligning its operating arrangements with the suite of Board Committees already in place.

As Accountable Officer for the Welsh Ambulance Services University NHS Trust, I confirm that the statements made in this report are correct for the year ended 31 March 2025 and up to the date of approval of the Annual Report and Accounts, that there have been no significant internal or governance issues, and I confirm that there were sound systems of internal control in place to support the delivery of the Trust’s policy aims and objectives.

Jason Killens
Chief Executive Officer
Date: 26 June 2025

j) Governance Statement Appendices

Appendix 1: Board and Committee Membership and Attendance

The Board has been constituted to comply with the National Health Service (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024) as amended. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of champion roles where they act as ambassadors for these matters.

The table below sets out the number of meetings that each Board member has attended during 2024/25 (Committee attendance figures as recorded in Committee Highlight Reports presented to Trust Board).

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
Peter Curran	Non-Executive Director	Trust Board (Public): 7 of 7 Trust Board (Private): 7 of 7 Audit, Risk and Assurance Committee: 6 of 6 Charity Committee: 0 of 1 (of available meetings) Finance and Performance Committee: 6 of 6 Remuneration Committee: 3 of 4
Colin Dennis	Trust Board Chair	Trust Board (Public): 7 of 7 Trust Board (Private): 7 of 7 Remuneration Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 1 of 1 (of available meetings)
Rhiannon Beaumont-Wood (appointed 11 November 2024)	Non-Executive Director	Trust Board (Public): 3 of 3 (of available meetings) Trust Board (Private): 3 of 3 (of available meetings) Audit, Risk and Assurance Committee: 0 of 1 (of available meetings) People and Culture Committee: 1 of 1 (of available meetings) Remuneration Committee: 1 of 2 (of available meetings)
Jayne Beeslee (appointed 19 August 2024)	Non-Executive Director	Trust Board (Public): 4 of 4 (of available meetings) Trust Board (Private): 4 of 5 (of available meetings) Academic Partnership Committee: 1 of 1 (of available meetings) Finance and Performance Committee: 4 of 4 (of available meetings) Remuneration Committee: 2 of 3 (of available meetings)
Kevin Davies	Non-Executive Director (until 30 September 2024)	Trust Board (Public): 2 of 4 (of available meetings) Trust Board (Closed): 3 of 4 (of available meetings) Academic Partnership Committee: 2 of 2 (of available meetings) Audit, Risk and Assurance Committee: 3 of 4 (of available meetings) Finance and Performance Committee: 2 of 3 (of available meetings) Quality, Patient Experience & Safety Committee: 2 of 2 (of available meetings) Remuneration Committee: 1 of 2 (of available meetings)

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
Bethan Evans	Non-Executive Director	Trust Board (Public): 6 of 7 Trust Board (Closed): 6 of 7 Audit, Risk and Assurance Committee: 1 of 1 (of available meetings) Charity Committee: 3 of 3 (of available meetings) Finance and Performance Committee: 4 of 6 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 3 of 4 Remuneration Committee: 1 of 4
Hayley Hutchings (appointed 11 November 2024)	Non-Executive Director	Trust Board (Public): 3 of 3 (of available meetings) Trust Board (Private): 4 of 5 (of available meetings) Academic Partnership Committee: 2 of 2 (of available meetings) People and Culture Committee: 1 of 1 (of available meetings) Remuneration Committee: 2 of 2 (of available meetings)
Ceri Jackson	Non-Executive Director	Trust Board (Public): 6 of 7 Trust Board (Closed): 5 of 7 Audit, Risk and Assurance Committee: 5 of 6 Academic Partnership Committee: 1 of 1 (of available meetings) Charity Committee: 4 of 4 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4 Remuneration Committee: 4 of 4
Hannah Rowan	Non-Executive Director	Trust Board (Public): 4 of 7 Trust Board (Closed): 4 of 7 Academic Partnership Committee: 4 of 4 Charity Committee: 3 of 4 People and Culture Committee: 3 of 4 Remuneration Committee: 1 of 4
Joga Singh	Non-Executive Director	Trust Board (Public): 2 of 3 (of available meetings) Trust Board (Closed): 1 of 2 (of available meetings) Audit, Risk and Assurance Committee: 2 of 3 (of available meetings) People and Culture Committee: 1 of 2 (of available meetings) Finance and Performance Committee: 2 of 2 (of available meetings) Remuneration Committee: 0 of 2 (of available meetings)
Jason Killens	Chief Executive	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Remuneration Committee: 4 of 4 Audit Committee: 4 of 6 (not required attendee)
Lee Brooks	Executive Director of Operations	Trust Board (Public): 6 of 7 Trust Board (Closed): 7 of 7 Charity Committee: 3 of 4 Finance and Performance Committee: 5 of 6 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 2 of 4
Carl Kneeshaw (from 01 November 2024)	Director of People	Trust Board (Public): 3 of 3 (of available meetings) Trust Board (Closed): 3 of 3 (of available meetings) Audit, Risk and Assurance Committee: 2 of 2 (of available meetings) Academic Partnership Committee: 2 of 2 (of available meetings)

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
		Finance and Performance Committee: 3 of 3 (of available meetings) People and Culture Committee: 2 of 2 (of available meetings) Remuneration Committee: 2 of 2 (of available meetings)
Angela Lewis (Change in portfolio from 01 November 2024)	Director of Culture Change	Trust Board (Public): 7 of 8 Trust Board (Closed): 7 of 7 Audit, Risk and Assurance Committee: 3 of 4 (of available meetings) Academic Partnership Committee: 2 of 2 (of available meetings) Finance and Performance Committee: 2 of 3 (of available meetings) People and Culture Committee: 4 of 4 Remuneration Committee: 1 of 2 (of available meetings)
Estelle Hitchon	Director of Partnerships and Engagement	Trust Board (Public): 6 of 7 Trust Board (Closed): 6 of 7 Academic Partnership Committee: 4 of 4 Charity Committee: 4 of 4 People and Culture Committee: 4 of 4
Rachel Marsh	Executive Director of Strategy, Planning and Performance	Trust Board (Public): 6 of 7 Trust Board (Closed): 7 of 7 Finance and Performance Committee: 2 of 6 Quality, Patient Experience & Safety Committee: 2 of 4
Trish Mills	Director of Corporate Governance / Board Secretary	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Academic Partnership Committee: 3 of 4 Audit, Risk and Assurance Committee: 6 of 6 Charity Committee: 3 of 4 Finance and Performance Committee: 5 of 6 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 3 of 4 Remuneration Committee: 4 of 4
Jonny Sammut	Director of Digital Services	Trust Board (Public): 6 of 7 Trust Board (Private): 6 of 7 Academic Partnership Committee: 1 of 4 Finance and Performance Committee: 6 of 6 Quality, Patient Experience & Safety Committee: 4 of 4
Andy Swinburn	Executive Director of Paramedicine	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Academic Partnership Committee: 4 of 4 Charity Committee: 4 of 4 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4
Chris Turley	Executive Director Finance and Corporate Resources	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Audit, Risk and Assurance Committee: 5 of 6 Charity Committee: 4 of 4 Finance and Performance Committee: 6 of 6 People and Culture Committee: 4 of 4



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
Liam Williams	Executive Director of Quality and Nursing	Trust Board (Public): 6 of 7 Trust Board (Closed): 6 of 7 Audit, Risk and Assurance Committee: 2 of 6 Finance and Performance Committee: 3 of 6 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 4 of 4

Appendix 2: Board and Committee Meeting Dates

The following table sets out the dates of the Trust Board and Committee meetings held in 2024/25. All Trust Board and Board Committee meetings in 2024/25 achieved quorum.

Meeting Title [meetings held]	Meeting Dates 2024/25
Trust Board (Public) [7]	30 May 2024; 12 July 2024 (extraordinary); 25 July 2024; 26 September 2024; 29 November 2024; 30 January 2025; 27 March 2025
Trust Board (Closed) [7]	30 May 2024; 25 July 2024; 09 September 2024 (extraordinary); 26 September 2024; 29 November 2024; 30 January 2025; 27 March 2025
Corporate Trustee [3]	30 May 2024; 29 November 2024; 30 January 2025
Academic Partnership Committee [4]	23 April 2024; 19 July 2024; 18 November 2024; 23 January 2025
Audit, Risk and Assurance Committee [6]	20 April 2024; 07 June 2024; 10 July 2024; 12 September 2024; 21 November 2024; 06 March 2025
Charity Committee [4]	04 April 2024; 22 August 2024; 08 October 2024; 14 January 2025
Finance and Performance Committee [6]	14 May 2024; 16 July 2024; 17 September 2024; 19 November 2024; 16 January 2025; 18 March 2025
People and Culture Committee [4]	09 May 2024; 30 August 2024; 14 November 2024; 18 February 2025
Quality, Patient Experience and Safety Committee [4]	07 May 2024; 13 August 2024; 05 November 2024; 04 February 2025
Remuneration Committee [4]	21 May 2024; 29 August 2024; 05 December 2024; 13 March 2025

2.2 Modern Slavery Act 2015 – Transparency in Supply Chains

The Trust has signed up to and is fully committed to the Welsh Government Code of Practice Ethical Employment in Supply Chains. This has been established by the Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector and third sector organisations in receipt of public funds. The procurement function is a key area for ethical employment in supply chains. This is run by NHS Wales Shared Services Partnership. More information can be found on the work done on the Health Board's behalf by NWSSP on the Shared Services Partnership website.

2.3 Remuneration and Staff Report

The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the Trust's policy on senior managers remuneration and whether there were any exit payments or other significant awards to current or former senior managers.

The definition of senior managers as prescribed by the 2024/25 Manual for Accounts Chapter three is: 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'.

For the Trust, the senior managers are considered to be the Board's members, i.e., the Executive and Non-Executive Directors including the Chair and Chief Executive; and five further (non-voting) Directors.

In addition to presenting data on senior managers' remuneration, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information with regards to numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.

Membership of the Remuneration Committee

Details of the members of the Remuneration Committee are shown in the Governance Statement, within the summary of Board Committees section. The changes to the membership of the Committee in-year reflected the changes to the Non-Executive Directors on the Board.

Statement of Policy on the Remuneration of Senior Managers

All senior managers' pay, and terms and conditions of service are determined by the Remuneration Committee within the framework set by the Welsh Government. Performance of senior managers is assessed against personal objectives and the overall performance of the Trust. The process sets objectives for the year and assesses individual performance against the objectives. The Trust does not make performance or other related bonus payments.

In keeping with the Welsh Government Circulars on pay for senior managers in NHS Wales for 2024/25, a 5% consolidated pay uplift was applied to all pay scales for individuals holding executive and senior posts, effective from 01 April 2024. This pay uplift was agreed in September 2024 and applied retrospectively.

This uplift has been applied to all pay scales, including those senior staff of the Trust who are on individually negotiated spot rates in accordance with the pay Circulars. This uplift is not applicable to Non-Executive Directors.

Policy on Duration of Contracts and Notice Periods

The Trust utilises permanent and fixed term contracts of employment as well as secondment opportunities. For other staff, the contractual notice staff are required to give to the Trust and which staff are entitled to receive, is as follows: Bands one-six is four weeks; Band seven is eight weeks; Bands eight and nine is 12 weeks.

The notice provisions for Pay Bands one-seven outlined above are the normal notice periods of notice. However, these provisions do not override the statutory notice requirements the Trust is required to provide its staff. According to length of service, staff may be entitled to a greater period of notice and receive one week's notice for each completed year of service up to and including a maximum of 12 weeks' notice after 12 years of continuous employment.

This refers to the notice periods staff must give; however, this does not preclude individuals requesting an earlier release from their post. This does not affect the right of either party to terminate the contract without notice by reason of the conduct of the other party. The Trust may, depending on circumstances, pay salary in lieu of notice.

Senior Manager Contracts and Awards

Details of senior manager contracts are shown in the tables below. There was no payment for early termination to senior managers' contracts during 2024/25.

Remuneration Relationship

Details of the Trust's remuneration relationship is set out in Note 10.6 of the 2024/25 Annual Accounts.

Senior Managers in Post in 2024/25

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Rhiannon Beaumont-Wood	Non-Executive Director	Fixed Term	11 November 2024	10 November 2028
Jayne Beeslee	Non-Executive Director	Fixed-Term	19 August 2024	18 August 2028
Peter Curran	Non-Executive Director	Fixed Term	01 February 2024	31 January 2028
Colin Dennis	Chair	Fixed Term	01 October 2022	30 September 2026
Bethan Evans	Non-Executive Director	Fixed Term	06 December 2019	5 December 2026
Hayley Hutchings	Non-Executive Director	Fixed Term	11 November 2024	10 November 2028
Ceri Jackson	Vice-Chair	Fixed Term	01 July 2024	30 June 2028
Hannah Rowan	Non-Executive Director	Fixed Term	01 April 2022	31 March 2026
Jason Killens	Chief Executive Officer	Permanent	Prior to 01 April 2021	Not Applicable
Christopher Turley	Executive Director of Finance and Corporate Resources	Permanent	Prior to 01 April 2021	Not Applicable
Angela Lewis	Director of Culture Change	Fixed Term	12 September 2022	31 October 2026

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Liam Williams	Executive Director of Quality and Nursing	Permanent	01 August 2022	Not Applicable
Lee Brooks	Executive Director of Operations	Permanent	Prior to 01 April 2021	Not Applicable
Estelle Hitchon	Director of Partnerships and Engagement	Permanent	Prior to 01 April 2021	Not Applicable
Rachel Marsh	Executive Director of Strategy, Planning and Performance	Permanent	Prior to 01 April 2021	Not Applicable
Patricia Mills	Director of Corporate Governance/Board Secretary	Permanent	02 August 2021	Not Applicable
Jonathan Sammut	Director of Digital	Permanent	27 September 2023	Not Applicable
Andrew Swinburn	Executive Director of Paramedicine	Permanent	01 December 2021	Not Applicable
Carl Kneeshaw	Director of People	Permanent	01 November 2024	Not Applicable

Further details of the contract arrangements of the Trust's senior managers in 2024/25 can be found in the Remuneration Table (and Notes) set out later in this Remuneration and Staff Report. Where there have been changes to the Director positions, changes to terms or resignations in-year, further detail can be found in the Directors' Report (at the beginning of the Accountability Report).

Senior Managers filling posts on an Interim Basis during 2024/25

There were none during this financial year.

Senior Managers who left the Trust during 2024/25

Name	Position Title	Assignment Category	Start Date in Position	Leaving Date
Professor Kevin Davies	Non-Executive Director	Fixed Term	19 December 2014	30 September 2024
Anoop Joga Singh	Non-Executive Director	Fixed Term	09 December 2019	31 August 2024

Hutton Report Information (audited information)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

		2024-25	2024-25	2024-25	2023-24	2023-24	2023-24
Total pay and benefits		Chief Executive	Employee	Ratio	Chief Executive	Employee	Ratio
	25th percentile pay ratio	187,500	30,420	6.16:1	172,500	28,906	5.97:1
	Median pay	187,500	38,999	4.81:1	172,500	36,067	4.78:1
	75th percentile pay ratio	187,500	53,416	3.51:1	172,500	48,629	3.55:1
Salary component of total pay and benefits							
	25th percentile pay ratio	187,500	26,060		177,500	24,701	
	Median pay	187,500	30,420		177,500	28,010	
	75th percentile pay ratio	187,500	45,637		177,500	43,257	
Total pay and benefits		Highest Paid Director	Employee	Ratio	Highest Paid Director	Employee	Ratio
	25th percentile pay ratio	187,500	30,420	6.16:1	172,500	28,906	5.97:1
	Median pay	187,500	38,999	4.81:1	172,500	36,067	4.78:1
	75th percentile pay ratio	187,500	53,416	3.51:1	172,500	48,629	3.55:1
Salary component of total pay and benefits							
	25th percentile pay ratio	187,500	26,060		177,500	24,701	
	Median pay	187,500	30,420		177,500	28,010	
	75th percentile pay ratio	187,500	45,637		177,500	43,257	

In 2024/25, 0 (2023-24, 0) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £23,970 to £187,500 (2023-24, £22,720 to £177,500). The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

*In terms of these disclosures, the Chief Executive is also the highest paid director.

Financial Year Summary (audited information)

In keeping with the Welsh Government circulars on pay, included in the calculations for 2024/25 are the 5.5% pay increase for employees covered by Agenda for Change (AfC) and the 5.0% pay increase for employees covered by Executive and Senior Posts (ESP).

Prior year figures have not been adjusted to take account of the revised Manual for Accounts guidance, this has been applied for 2024/25 only, therefore salary sacrifice schemes are still currently deducted from the 2023/24 figures included under total pay and benefits.

10.6.2 Percentage Changes		2023-24 to 2024-25	2022-23 to 2023-24
		%	%
% Change from previous financial year in respect of Chief Executive			
	Salary and allowances	8.7	3.0
	Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director			
	Salary and allowances	8.7	3.0
	Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees taken as a whole			
	Salary and allowances	7.8	5.0
	Performance pay and bonuses	0	0

Prior year figures have not been adjusted to take account of the revised Manual for Accounts guidance; this has been applied for 2024-25 only. The 3.0% reported in 2023/24 is in relation to the pay award received in 2023/24, based on the mid-point of the band.

The 8.7% reported in 2024/25 is in relation to the pay award received in 2024/25 based on the mid-point of the band, and the exclusion of salary sacrifice schemes as per the new guidance.

If the prior year had been adjusted, the % change from previous financial year in respect for Chief Executive and the highest paid director would be 5.6%, based on the mid-point of the band. The 5.0% in 2023/24 in terms of the average pay per FTE was related to the pay award received and accrued for during 2023/24. The 7.8% reported in 2024/25 relates to the agreed pay increases across the organisation, with salary sacrifice schemes excluded.

If the prior year had been adjusted, the average % change from previous financial year in respect of employees taken as a whole would be 6.1%.

Salary and Pensions Entitlements of Senior Managers

a) Remuneration (audited information)

Name and Title	2024-25				2023-24			
	Salary £000 (bands of £5000)	Benefits in Kind £ Rounded to the nearest £100	Pension benefits £000 Rounded to the nearest £1000 (Note 23)	Total £000 (bands of £5000)	Salary £000 (bands of £5000) (Note 22)	Benefits in Kind £ Rounded to the nearest £100 (Note 26)	Pension benefits £000 Rounded to the nearest £1000	Total £000 (bands of £5000)
Colin Dennis (Chair)	40-45	2,000		45-50	40-45		40-45	
Kevin Davies (Non Executive Director / Vice Chair) (Note 1)	0-5	100		0-5	15-20		15-20	
Paul Hollard (Non Executive Director) (Note 2)					5-10		5-10	
Martin Turner (Non Executive Director) (Note 3)					5-10		5-10	
Anoop Joga Singh (Non Executive Director) (Note 4)	0-5	-		0-5	5-10		5-10	
Bethan Evans (Non Executive Director)	5-10	100		5-10	5-10		5-10	
Ceri Jackson (Non Executive Director / Vice Chair) (Note 5)	20-25	1,100		20-25	10-15		10-15	
Hannah Rowan (Non Executive Director)	5-10	-		5-10	5-10		5-10	
Peter Curran (Non Executive Director) (Note 6)	5-10	100		5-10	0-5		0-5	
Jayne Beeslee (Non Executive Director) (Note 7)	5-10	200		5-10				
Rhiannon Beaumont-Wood (Non Executive Director) (Note 8)	0-5	100		0-5				
Hayley Hutchings (Non Executive Director) (Note 9)	0-5	200		0-5				
Jason Killens (Chief Executive) (Note 10)	175-180	1,400		175-180			170-175	
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 11)	130-135	300	29	160-165	120-125	-	120-125	
Dr Brendan Lloyd (Executive Director of Medical and Clinical Services) (Note 12)					60-65		60-65	
Angela Lewis (Director of Culture Change) (Note 13)	95-100	-	25	120-125	110-115	-	140-145	
Liam Williams (Executive Director of Quality and Nursing)	130-135	-	12	140-145	120-125	-	120-125	
Estelle Hitchon (Director of Partnerships & Engagement) (Note 14)	110-115	-	42	155-160	105-110	-	105-110	
Rachel Marsh (Executive Director of Strategy, Planning & Performance) (Note 15)	115-120	700		115-120	105-110	-	105-110	
Lee Brooks (Executive Director of Operations) (Note 16)	120-125	1,500	33	155-160	110-115	-	140-145	
Dr Leanne Smith (Interim Director of Digital Services) (Note 17)					60-65	-	75-80	
Jonathan Sammut (Director of Digital Services) (Note 18)	110-115	3,700		110-115	55-60	-	60-65	
Andrew Swinburn (Executive Director of Paramedicine) (Note 19)	120-125	1,700	23	145-150	110-115	-	110-115	
Carl Kneeshaw (Director of People) (Note 20)	45-50	-	11	60-65				
Patricia Mills (Director of Corporate Governance / Board Secretary) (Note 21)	105-110	-	28	130-135	100-105	-	125-130	

Note 1 - Kevin Davies was Vice Chair until 30th November 2023, and Non Executive Director from 1st December 2023 until leaving the Trust on 30th September 2024

Note 2 - Paul Hollard left the Trust on 31st March 2024

Note 3 - Martin Turner left the Trust on 31st January 2024

Note 4 - Anoop Joga Singh left the Trust on 31st August 2024

Note 5 - Ceri Jackson was Non Executive Director until 30th November 2023 and Interim Vice Chair from 1st December 2023. Ceri was appointed as Vice Chair from 1st July 2024

Note 6 - Peter Curran joined the Trust on 1st February 2024

Note 7 - Jayne Beeslee joined the Trust on 19th August 2024. Salary full year equivalent is 5-10 (bands of £5000)

Note 8 - Rhiannon Beaumont-Wood joined the Trust on 11th November 2024. Salary full year equivalent is 5-10 (bands of £5000)

Note 9 - Hayley Hutchings joined the Trust on 11th November 2024. Salary full year equivalent is 5-10 (bands of £5000)

Note 10 - Jason Killens' salary before a salary sacrifice of £9,501 was 185-190 (bands of £5000). 2023-24 salary before a salary sacrifice of £5,742 was 175-180 (bands of £5000)

Note 11 - Christopher Turley's salary before a salary sacrifice of £2,078 was 130-135 (bands of £5000) including £2,518 in terms of annual leave sold. 2023-24 salary before a salary sacrifice of £5,306 was 125-130 (bands of £5000) including £2,391 in terms of annual leave sold

Note 12 - Brendan Lloyd retired on 31st December 2023. Salary is based on 0.51 WTE (19 hours). Salary full year equivalent is 80-85 (bands of £5000)

Note 13 - Angela Lewis' job title changed from Director of Workforce & Organisational Development to Director of People & Culture from 20th April 2023. Angela was appointed Director of Culture Change from 1st November 2024 on a 0.6 WTE basis (22.5 hours), salary full year equivalent is 115-120 (bands of £5000)

Note 14 - Estelle Hitchon's salary includes £2,162 in terms of annual leave sold. 2023-24 salary included £2,054 in terms of annual leave sold

Note 15 - Rachel Marsh's salary before a salary sacrifice of £5,006 was 120-125 (bands of £5000) including £2,281 in terms of 2024-25 annual leave sold and £1,550 in terms of 2023-24 annual leave sold. 2023-24 salary before a salary sacrifice of £5,006 was 110-115 (bands of £5000)

Note 16 - Lee Brooks' salary before a salary sacrifice of £10,415 was 130-135 (bands of £5000). 2023-24 salary before a salary sacrifice of £10,415 was 125-130 (bands of £5000)

Note 17 - Dr Leanne Smith was appointed Interim Director of Digital Services from 1st August 2022 until 11th October 2023. Salary full year equivalent is 115-120 (bands of £5000)

Note 18 - Jonathan Sammut was appointed Director of Digital Services from 27th September 2023. Salary before a salary sacrifice of £14,689 was 125-130 (bands of £5000). 2023-24 salary before a salary sacrifice of £2,448 was 60-65 (bands of £5000)

Note 19 - Andrew Swinburn salary before a salary sacrifice of £11,555 was 135-140 (bands of £5000) including £2,518 in terms of 2024-25 annual leave sold and £2,430 in terms of 2023-24 annual leave sold. 2023-24 salary before a salary sacrifice of £9,629 was 120-125 (bands of £5000)

Note 20 - Carl Kneeshaw joined the Trust on 1st November 2024, with pension contributions from 4th November 2024 due to an overlap in employments. Salary full year equivalent is 115-120 (bands of £5000)

Note 21 - Patricia Mills' job title was changed from Board Secretary to Director of Corporate Governance/Board Secretary from 8th March 2024

Note 22 - The 2023-24 salary column includes an increase of 5% on top of the pay scales for employees covered by executive and senior pay terms and conditions of service

Note 23 - In line with Disclosure of Senior Managers' Remuneration (Greenbury) 2025 guidance, pension benefits are only included where the calculation results in a positive figure

Note 24 - Payments to past directors Claire Vaughan and Andrew Haywood were made for £86.79 and £474.02 respectively relating to 2022/23 back pay which was not disclosed previously in a directors' remuneration report, in accordance with the Manual for Accounts

Note 25 - Benefit in kind includes home to work travel and business miles for the Non Executive Directors, and company car for the Directors

Note 26 - The benefit in kind figures for the Non Executive Directors for 2023-24 were included in the salary column

Salary and Pensions Entitlements of Senior Managers

b) Pension Benefits (audited information)

Name and title	Accrued pension at pension age as at 31/3/25 and related lump sum (bands of £5,000) £'000	Real increase in pension and related lump sum at pension age (bands of £2,500) £'000	Cash Equivalent Transfer Value at 31 March £'000	Cash Equivalent Transfer Value at 31 March £'000	Real increase in Cash Equivalent Transfer £'000
Jason Killens (Chief Executive)	60-65 plus lump sum of 150-155	0-2.5 plus lump sum of 0	1,312	1,222	-
Christopher Turley (Executive Director of Finance & Corporate Resources)	60-65 plus lump sum of 155-160	0-2.5 plus lump sum of 0	1,382	1,245	37
Angela Lewis (Director of Culture Change)	5-10 plus lump sum of 0-5	0-2.5 plus lump sum of 0	113	76	19
Liam Williams (Executive Director of Quality and Nursing)	40-45 plus lump sum of 105-110	0-2.5 plus lump sum of 0	953	865	14
Estelle Hitchon (Director of Partnerships & Engagement)	35-40 plus lump sum of 100-105	2.5-5 plus lump sum of 0-2.5	867	755	47
Rachel Marsh (Executive Director of Strategy, Planning & Performance)	55-60 plus lump sum of 65-70	0-2.5 plus lump sum of 0	1,044	957	9
Lee Brooks (Executive Director of Operations)	45-50	0-2.5	639	562	24
Jonathan Sammut (Director of Digital Services) *	-	-	-	56	-
Andrew Swinburn (Executive Director of Paramedicine)	50-55 plus lump sum of 130-135	0-2.5 plus lump sum of 0	1,166	1,052	29
Carl Kneeshaw (Director of People) **	0-5	0-2.5	53	24	5
Patricia Mills (Director of Corporate Governance / Board Secretary)	5-10	0-2.5	155	112	22

* Jonathan Sammut chose not to be covered by the NHS pension arrangements from 1 February 2024

** Carl Kneeshaw paid pension contributions from 4th November 2024 due to an overlap in pensionable employments

Staff Numbers (audited information)

An analysis of staff numbers by category during 2024/25 are set out below. The figures relate to the average number of employees under contract of service in each month of the financial year, divided by 12 (and rounded to nearest Whole Time Equivalent [WTE]). These figures have been calculated to include inward secondments and agency staff and to reconcile with the financial accounts.

Category	2024/25	2023/24	2022/23
Additional Clinical Services	1,974	2,070	2,078
Professional, Scientific & Technical Staff	3	3	4
Administrative, Clerical and Board Members	690	634	618
Allied Health Professionals	1,162	1,103	1,092
Estates & Ancillary	65	58	64
Medical & Dental	1	1	1
Nursing and Midwifery	196	192	196
Total	4,091	4,061	4,053

Staff Composition

An analysis of the number of persons of each sex who are senior managers of the Trust (i.e., Non-Executive Directors, Executive Directors, Directors, Board Secretary) as at 31 March 2025, are set out below (excludes secondees out of the Trust). This compares to a Trust wide staff composition of 51% female, 49% male.

Gender	Headcount	%
Female	10	53
Male	9	47
Total	19	100

Sickness Absence Data

	2024/25	2023/24	2022/23
Days lost (long term)	85,949.54	93,684.07	88,732.85
Days lost (short term)	30,280.98	32,961.72	47,226.89
Total days lost	116,230.52	126,645.79	135,959.74
Total staff years	338.88	338.43	335.66
Average working days lost	17.86	19.43	21.09
Total staff employed in period (headcount)	4,381	4,354	4,315
Total staff employed in period with no absence (headcount)	1262	1,025	917
Percentage staff with no sick leave	28.65%	24.93%	21.09%

Note 1: The percentage and total number of staff without absence in the year has been sourced from the standard Electronic Staff Record (ESR) Business Intelligence (BI) report. With regard to the reporting in relation to the percentage of staff with 'no sickness', the standard BI report excludes new entrants and also bank assignments. Therefore, the number of staff who have had a whole year with no sickness absence is being divided into a smaller number than the total headcount at the end of the year.

The close management of sickness absence in accordance with policy and procedures continues and Trust is not out of kilter with the wider UK ambulance sector.

There has been a reduction in absence from 7.67% in March 2024 to 7.35% in March 2025 and the organisation continues to work to reduce this figure noting the levels of reduction become increasingly challenging as the figure reduces. Actions include:

- Further embedding of compassionate practices approaches to reduce employee harm from organisational processes.
- Using opportunities such as temporary or permanent flexible working arrangements to support colleagues to remain at work and sustain their employment.
- Reporting to the ELT, PCC and Trust Board including deep dives on specific issues and areas for oversight and governance.
- The delivery of innovative projects and cultural improvement work to benefit employee experience which, in turn, helps in reducing sickness absence.
- Work in partnership with Trade Union (TU) colleagues on areas impacting attendance such as handover delays and staff being able to take Time off in Lieu when they need and want to.
- Dedicated and effective change management support and approaches for transformation and restructuring projects.
- Regular and proactive support from the People Services Team including case reviews with senior managers for visibility and accountability.

Staff Policies Applied During the Year

The Trust has a comprehensive policy framework which outlines the development, review, and approval of its employment policies and procedures in partnership. Throughout 2024/25 the Trust has continued to develop, review, and update several policies in partnership with TU colleagues and through staff consultations; aiming to streamline and simplify the Trust's processes further.

All approved employment policies and procedures are equality impact assessed against the nine protected characteristics, with Welsh Language considered additionally to ensure they do not discriminate or disadvantage any individuals. These policies are designed to ensure that equality and diversity considerations are fully integrated into the Trust's recruitment, selection, and employment practices, reflecting the organisational core values and behaviours.

The Trust offers a wide range of employment policies covering areas such as recruitment and selection, training and development, flexible working, health and safety, wellbeing, and infection control. These policies are supported by the Trust's People and Culture Plan and Strategic Equality Plan. Staff can access all employment policies via the Trust's Intranet.

Other Employee/Staff Matters

Significant progress has been made over the past year to achieve the Trust's strategic equality objectives. The activity across the Trust in furtherance of these objectives is as follows: -

Sexual Safety, Misogyny and Violence Against Women and Girls

The Trust is committed to creating safe work environments and eliminating sexual harassment and unwanted behaviours in the workplace. We have developed a multi-level training plan to raise awareness and address sexual harassment. This comprehensive approach aims to ensure a safe and respectful workplace for all employees and will help to create safer and more inclusive working environments.

Allyship and Active Bystander Training

The Trust continues to implement its Allyship and Active Bystander Training to staff and volunteers across the Trust. This training aims to enhance awareness and understanding of the challenges faced by minority and protected groups, as well as vulnerable and disadvantaged individuals. The training promotes practical approaches to bystander intervention, encouraging staff to actively eliminate discriminatory behaviours and foster equity. The training was recognised as an exemplary programme of work in 2024 when the Trust has won a Healthcare People Management Association Cymru Award.

People Networks and our Volunteers

Our People Networks continue to progress with the following networks actively operating across the Trust:

- *Women's Network*
- *BEAM Network*
- *LGBTQ+ Network*
- *Carer Peer Support Network*
- *Purple Space Network*
- *Culture Champions*
- *WAST Voices*
- *Change Community*
- *Welsh Language Network*

We have reached out to our volunteers and extended an invitation for them to join our people networks. Our volunteers are much more diverse than our current workforce and deserve equal access to our support networks. We also recognise the value and lived experience of our volunteers who can help us drive forward our people network initiatives.

Support for Carers

The Trust was awarded Carer Confident Level 1 and continues to provide support for our workforce who provide unpaid care for others. A promotional campaign about the Carers Leave Act was also implemented to provide further support for carers and line managers. As a result of publicity around the Carer Confident Award, we have seen an increase in the numbers of colleagues wishing to join our Carer's Network.

Anti-Racist Wales Action Plan Update

Following the launch of Welsh Government's updated Anti-racist Wales Action Plan (ARWAP) in November 2024, the Trust has reviewed the progress made to date and developed a new local action plan. This year, we have made progress in the following areas:

Inclusive Recruitment Initiative within the Digital Team

Three unconscious bias training sessions were delivered to six recruiting managers, and two workshops were hosted for ethnically diverse applicants. The Equity, Diversity and Inclusion Team supported the Team to reach out to ethnically diverse communities to target their recruitment activity. Early analysis of the recruitment activity undertaken to date has shown a noticeable increase in applicants from ethnically diverse candidates and successful appointments of Black, Asian and Ethnic Minority applicants. This work was promoted at the Mastering Diversity Conference Wales, where the Trust led the 'Digital Zone' which focussed on inclusive recruitment within the digital sector, with an emphasis on women and intersectionality.

Maternity Skin Tone Initiative

Our Midwife Local Safety Champion has arranged for black skin tone simulation mannequins to be procured to enhance training for childbirth. This includes a birth simulator mannequin, neonatal mannequins, adult CardioPR mannequins, a suture kit and intravenous arm. Our Public Health Registrar has analysed population data to identify areas with high numbers of ethnic minority emergency care births and as a result, these mannequins will be added to our training suites in Swansea, Cardiff and Newport. The training resources will also be loaned out to other areas to ensure that all staff have an opportunity to train with black skin tone simulation mannequins.

Ramadan and Iftar Event

Over the past year, the Trust has been building relationships with our Muslim communities. In addition to visiting local mosques and community groups, The Trust's newly established BEAM Network facilitated the Trust's attendance at the Halal Expo event in Cardiff in February. This event saw approximately 3000 visitors throughout the day where staff worked with children to practice CardioPR skills, listened to service user experiences, and promoted volunteering and recruitment opportunities within the Trust. In March, the network hosted the Trust's first Iftar event which was well attended with representation from our Trust Board, including Non-Executive Directors, and provided an opportunity to learn about Ramadan and the breaking of the fast. Staff and volunteers were invited to share traditional food with our Muslim colleagues and watch prayers. The Secretary General for the Muslim Council of Wales also attended and delivered a talk about Ramadan. Attendees were appreciative of the event and commented on how much they learned about Muslim culture which will help us create allyship and a better understand the needs of our Muslim colleagues and service users.

Support for LGBTQ+ Communities

Following feedback from our LGBTQ+ communities, this year, the Trust increased its presence at Pride events across Wales. Staff and volunteers attended Pride events in South, North, and West Wales where network members were able to come together with our local communities to learn about some of the specific challenges that they are facing. The Chair of our LGBTQ+ Staff Network has used this feedback and engagement to help inform the development of the Ambulance Association of Chief Executives LGBTQ+ Action Plan for 2025 which focuses on developing support for LGBTQ+ Network Chairs, updating a Continual Professional Development resource around Providing Good Care for People Living with HIV, and a developing new LGBTQ+ mental health resource.

Expenditure on Consultancy

Expenditure during 2024/25 in respect of consultancy costs was £583,645.36 (in 2023/24 it was £496,519.09) across the following areas:

154,158.00	Programme and Project Management
96,999.80	Organisation and Change Management
57,351.81	Human Resource, training and education
-	IT/IS
71,198.30	Property and Construction
-	Marketing and Communication
157,868.90	Strategy
32,904.80	Finance
13,163.75	Technical
-	Legal Services

583,645.36

Expenditure on Temporary Staff

Narrative Comparison between 2024/25 and 2023/24

Expenditure during 2024/25 in respect of temporary staff costs was £1.407m (2023/24 £1.104m). The increase of £0.303k is due to digital agency staff in post on a non-recurrent basis to assist in the delivery of agreed IMTP deliverables, this is largely due to the difficulties in recruiting to such a specialist area.

Off-Payroll Engagements

The Trust has a nil return in 2024/25 for off-payroll engagements. This is consistent with that reported in 2023/24.

Exit Packages (audited information)

The Trust has a cost of £164,365 in 2024/ 25 for five staff exit packages. This compares to a return of £53,678 in 2023/24. Exit packages are described in Note 10.5 within the financial statements.

2.4 Senedd Cymru/Welsh Parliamentary Accountability and Audit Report

The Senedd Cymru/Welsh Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

Regularity of Expenditure

The Trust is required to ensure regularity of its income and expenditure. Sufficient evidence of the assurance of this has been provided as part of the audit of the accounts process and the audit certificate for the accounts concludes that in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by Welsh Parliament and that the financial transactions recorded in the financial statements conform to the authorities which govern them. The Trust confirms its expenditure for the year is regular.

Fees and Charges

The Trust is required by Welsh Government to ensure that the full cost of providing commercial services is passed on in its fees and charges and confirms that proper controls were in place in 2024/25 over how, when and at what level charges were levied. The Trust confirms its fees and charges are in accordance with Welsh Government requirements.

Material Remote Contingent Liabilities

The Trust has no material remote contingent liabilities within its 2024/25 accounts. This is consistent to that reported in 2023/24.

Audit Certificate and Report

The certificate and report of the Auditor General to the Welsh Parliament is attached on the following pages.

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Welsh Ambulance Services University NHS Trust for the year ended 31 March 2025 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Welsh Ambulance Services University NHS Trust as at 31 March 2025 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Welsh Ambulance Services University NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns;
- or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;

- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Welsh Ambulance Services University NHS Trust's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in management override and expenditure recognition;
- Obtaining an understanding of Welsh Ambulance Services University NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Welsh Ambulance Services University NHS Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Welsh Ambulance Services University NHS Trust;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Welsh Ambulance Services University NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales
27 June 2025

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

PART 3: - FINANCIAL STATEMENTS

Welsh Ambulance Services University NHS Trust

Foreword

These accounts for the period ended 31 March 2025 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Welsh Ambulance Services University NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

Statutory background

The Trust was established in 1998. Spread over an area of almost 8,000 square miles and serving a population of over 3 million, our diverse area encompasses tranquil rural retreats, busy seaside resorts and large urban boroughs.

Our varied and modern services are tailor-made for each community's differing environmental and medical needs, from cycles to fast response cars, frontline ambulances and nurses in our control centres.

We attend more than 250,000 emergency calls a year, over 50,000 urgent calls and transport over 1.3 million non-emergency patients to over 200 treatment centres throughout England and Wales.

Our dedicated staff are our biggest asset, and we employ in the region of 4,000 people. Approximately 70% of our workforce is within our emergency medical services which include our Clinical Contact Centres, and around 640 staff work in our Non-Emergency Patient Transport Service (NEPTS). Our patient facing services are also supported by colleagues working within our corporate and support functions (approximately 500 staff) and our valued extended volunteer workforce, including over 1,000 Community First Responders (CFRs) and circa 300 Volunteer Car Drivers.

We operate from over 90 ambulance stations, three contact centres, four regional offices and three vehicle workshops.

We also have our own National Training College to ensure our staff remain at the top of their game and receive regular professional development.

We provide access to high quality, on-going training, regular continuous professional development opportunities and personal annual development reviews.

We also provide the NHS Wales 111 service, a 24 hour health advice and information service for the public and the front end call handling and clinical triage elements of the GP out-of-hours services.

Performance Management and Financial Results

This Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2024-2025. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-2017.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. The first assessment of performance against the 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-2017, being the first three year period of assessment.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2025

	Note	2024-25 £000	2023-24 £000
Revenue from patient care activities	3	314,362	292,035
Other operating revenue	4	9,229	13,115
Operating expenses	5.1	(324,956)	(306,358)
Operating (deficit)/surplus		(1,365)	(1,208)
Investment revenue	6	1,400	1,253
Other gains and losses	7	375	432
Finance costs	8	(340)	(392)
Retained surplus	2.1.1	70	85
Other Comprehensive Income			
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment		243	996
Net gain / (loss) on revaluation of right of use assets		0	0
Net gain/(loss) on revaluation of intangible assets		0	0
Movements in other reserves		149	(18)
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Impairments and reversals		(436)	(333)
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		(44)	645
Items that may be reclassified subsequently to net operating costs			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Sub total		0	0
Total other comprehensive income for the year		(44)	645
Total comprehensive income for the year		26	730

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2025

	Note	31 March 2025	31 March 2024
		£000	£000
Non-current assets			
Property, plant and equipment	13	100,372	96,107
Right of Use Assets	13.3	8,830	12,367
Intangible assets	14	3,662	5,232
Trade and other receivables	17.1	401	388
Other financial assets	18	0	0
Total non-current assets		113,265	114,094
Current assets			
Inventories	16.1	2,114	2,119
Trade and other receivables	17.1	15,163	17,275
Other financial assets	18	0	0
Cash and cash equivalents	19	8,036	17,085
		25,313	36,479
Non-current assets held for sale	13.2	0	0
Total current assets		25,313	36,479
Total assets		138,578	150,573
Current liabilities			
Trade and other payables	20	(29,488)	(37,482)
Borrowings	21	(1,900)	(3,448)
Other financial liabilities	22	0	0
Provisions	23	(4,617)	(5,924)
Total current liabilities		(36,005)	(46,854)
Net current assets/(liabilities)		(10,692)	(10,375)
Total assets less current liabilities		102,573	103,719
Non-current liabilities			
Trade and other payables	20	0	0
Borrowings	21	(5,890)	(7,897)
Other financial liabilities	22	0	0
Provisions	23	(6,580)	(6,387)
Total non-current liabilities		(12,470)	(14,284)
Total assets employed		90,103	89,435
Financed by Taxpayers' equity:			
Public dividend capital		80,343	79,701
Retained earnings		(3,294)	(3,366)
Revaluation reserve		13,054	13,100
Other reserves		0	0
Total taxpayers' equity		90,103	89,435

The financial statements were approved by the Board on 26th June 2025 and signed on behalf of the Board by:

Chief Executive: Jason Killens

Date: 26 June 2025.

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2024-25	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2024-25				
Balance as at 31 March 2024	79,701	(3,366)	13,100	89,435
NHS Wales Transfer	0	0		0
RoU Asset Transitioning Adjustment	0	0	0	0
Impact of IFRS 16 on PPP/PFI Liability	0	0	0	0
Balance at 1 April 2024	79,701	(3,366)	13,100	89,435
Retained surplus/(deficit) for the year		70		70
Net gain/(loss) on revaluation of property, plant and equipment		0	243	243
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	(436)	(436)
Other reserve movement		2	147	149
Transfers between reserves		0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	72	(46)	26
New Public Dividend Capital received	5,199			5,199
Public Dividend Capital repaid in year	(4,557)			(4,557)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2025	80,343	(3,294)	13,054	90,103

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2023-24	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2023-24				
Balance at 31 March 2023	80,922	(4,007)	13,011	89,926
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	0	0	0
Balance at 1 April 2023	80,922	(4,007)	13,011	89,926
Retained surplus/(deficit) for the year		85		85
Net gain/(loss) on revaluation of property, plant and equipment		0	996	996
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	(333)	(333)
Other reserve movement		(18)	0	(18)
Transfers between reserves		574	(574)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	641	89	730
New Public Dividend Capital received	16,881			16,881
Public Dividend Capital repaid in year	(18,102)			(18,102)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2024	79,701	(3,366)	13,100	89,435

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2025

	Note	2024-25 £000	2023-24 £000
Operating surplus/(deficit)	SOCI	(1,365)	(1,208)
Movements in working capital	30	58	(5,691)
Other cash flow adjustments	31	22,436	27,306
Provisions utilised		(2,432)	(2,097)
Interest paid		(173)	(272)
Net cash inflow (outflow) from operating activities		18,524	18,038
Cash flows from investing activities			
Interest received		1,400	1,253
(Payments) for property, plant and equipment		(22,779)	(17,457)
Proceeds from disposal of property, plant and equipment		375	432
(Payments) for intangible assets		(3,836)	(103)
Proceeds from disposal of intangible assets		0	0
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
Net cash inflow (outflow) from investing activities		(24,840)	(15,875)
Net cash inflow (outflow) before financing		(6,316)	2,163
Cash flows from financing activities			
Public Dividend Capital received		5,199	16,881
Public Dividend Capital repaid		(4,557)	(18,102)
Loans received from Welsh Government		0	0
Loans repaid to Welsh Government		0	0
Other loans received		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI		0	0
Capital element of payments in respect of on-SoFP PFI		0	0
Capital element of payments in respect of Right of Use Assets		(3,375)	(3,716)
Cash transferred (to)/from other NHS Wales bodies		0	667
Net cash inflow (outflow) from financing activities		(2,733)	(4,270)
Net increase (decrease) in cash and cash equivalents		(9,049)	(2,107)
Cash [and] cash equivalents at the beginning of the financial year	19	17,085	19,192
Cash [and] cash equivalents at the end of the financial year	19	8,036	17,085

The notes on pages 6 to 76 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2024-25 Manual for Accounts. The accounting policies contained in that manual follow the 2024-25 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

From 2018-2019, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income is received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales organisations are required to account for **their staff** employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time Welsh Ambulance Services University NHS Trust commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in Welsh Ambulance Services University NHS Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, Welsh Ambulance Services University NHS Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;

or

- items form part of the initial equipping and setting-up cost of a new building, vehicle or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Welsh Ambulance Services NHS Trust has applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on Welsh Ambulance Services University NHS Trust or the asset which would prevent access to the market at the reporting date. If Welsh Ambulance Services University NHS Trust could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to Welsh Ambulance Services University NHS Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Trust expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application, the NHS Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

List any other transition expedients employed by the entity at its discretion.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by Welsh Ambulance Services University NHS Trust in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Welsh Ambulance Services University NHS Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

The NHS Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16, the NHS Trust has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The NHS Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 Welsh Ambulance Services University NHS Trust (the entity) as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The NHS Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the entity applies a revised rate to the remaining lease liability.

Where existing leases are modified, the NHS Trust must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the NHS Trust.

1.11.2 Welsh Ambulance Services University NHS Trust (the entity) as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the NHS Trust net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the NHS Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition, the NHS Trust has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when the NHS Trust has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participating NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2023-24. The WRPS is hosted by Velindre NHS University Trust.

1.14.2 Future Liability Scheme (FLS)

General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-2019 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by the NHS Trust is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value' through SoCI; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16.6 Other financial assets

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

1.17 Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

1.17.1 Financial liabilities are initially recognised at fair value through SoCI

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

1.17.2 Financial liabilities at fair value through the SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax (VAT)

Most of the activities of NHS Wales organisations are outside the scope of VAT and, in general, output VAT does not apply and input VAT on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Trust has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had the NHS Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Trust accounts for all losses and special payments gross (including assistance from the WRPS).

The NHS Trust accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

The NHS Wales organisation has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

1.25 Provisions for legal or constructive obligations for clinical negligence, personal injury & defence costs

The NHS Trust provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Trust, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement:

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Contingent Liability
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

* Defence fee costs are provided for at 25%

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary’s Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.5%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are held as a provision on Welsh Ambulance Services University NHS Trust's balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.26 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.27 Private Finance Initiative (PFI) transactions

The Trust has no PFI arrangements.

1.28 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.29 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

1.30 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2023, Standard is UK endorsed and adopted by the FReM. *The date of initial application is the beginning of the annual reporting period in which IFRS 17 is first applied. In central government the date of initial application is 1 April 2025.*

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.31 Accounting standards issued that have been adopted early

During 2024-25 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.32 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as it is the corporate trustee of the Welsh Ambulance Services NHS Trust Charitable Fund it is therefore considered for accounting standards compliance to have control of the Welsh Ambulance Services NHS Trust Charitable Fund as a subsidiary.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Welsh Ambulance Services NHS Trust Charitable Fund or its independence in its management of charitable funds.

However the organisation has with the agreement of the Welsh Government adopted the IAS 27(10) exemption to consolidate. Welsh Government as the ultimate parent of the NHS Wales organisations will disclose the Charitable Accounts in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties notes.

1.33 Subsidiaries

Material entities over which the NHS Trust has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS Trust or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.34 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.35 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in the NHS Trust. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from the NHS Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 ‘Statutory and Financial Duties of Local Health Boards and NHS Trusts’ and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			2022-23 to 2024-25 Financial duty £000
	2022-23 £000	2023-24 £000	2024-25 £000	
Retained surplus	62	85	70	217
Less Donated asset / grant funded revenue adjustment	0	0	0	0
Adjusted surplus/ (Deficit)	<u>62</u>	<u>85</u>	<u>70</u>	<u>217</u>

The Welsh Ambulance Services University NHS Trust has met its financial duty to break even over the 3 years 2022-23 to 2024-2025.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework for the period 2024-2027 issued to Trusts placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust submitted an Integrated Medium Term Plan for the period 2024-2027 in accordance with NHS Wales Planning Framework.

The Minister for Health and Social Services approval status.

Status	Approved
Date	09/08/2024

The Welsh Ambulance Services University NHS Trust has therefore met its statutory duty to have an approved financial plan.

2. Financial Performance (cont)

2.2 ADMINISTRATIVE REQUIREMENTS

2.2.1. External financing

The EFL target has been suspended for 2024-25, on the basis of value for money and the impracticality in relation to the length of deposit time required by the NLF to accept deposits.

2.3. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2024-25	2023-24
Total number of non-NHS bills paid	53,595	50,454
Total number of non-NHS bills paid within target	52,380	48,650
Percentage of non-NHS bills paid within target	97.7%	96.4%

The Trust has met the target.

3. Revenue from patient care activities	2024-25	2023-24
	£000	£000
Local health boards	5,966	16,576
NWJCC/WHSSC and EASC	275,426	243,560
Welsh NHS Trusts	899	891
Welsh Special Health Authorities	0	0
Foundation Trusts	0	0
Other NHS England bodies	97	152
Other NHS Bodies	0	0
Local Authorities	1	0
Welsh Government	31,546	30,238
Welsh Government - Hosted Bodies	0	0
Non NHS:		
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	183	89
Other revenue from activities	244	529
Total	314,362	292,035

Injury Cost Recovery (ICR) Scheme income:

	2024-25	2023-24
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.45	23.07

4. Other operating revenue	2024-25	2023-24
	£000	£000
Income generation	0	0
Patient transport services	0	0
Education, training and research	2,000	1,770
Charitable and other contributions to expenditure	0	0
Receipt of Covid Items free of charge from other NHS Wales Organisations	0	0
Receipt of Covid Items free of charge from other organisations	0	0
Receipt of donations for capital acquisitions	0	0
Receipt of government grants for capital acquisitions	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care services to other bodies	0	0
Right of Use Asset Sub-leasing rental income	0	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	336	205
Other revenue:		
Provision of pathology/microbiology services	0	0
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	67	61
Business unit	0	0
Scheme Pays Reimbursement Notional	0	0
Other	6,826	11,079
Total	9,229	13,115
Total Patient Care and Operating Revenue	323,591	305,150

Other revenue comprises:

Personal injury benefit scheme (PIBS)	738	202
Hazardous Area Response Team (HART)	2,773	2,664
Other minor services income	1,597	1,403
Funding for impairments (as funds flow monies)	1,718	6,810

Total	6,826	11,079
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5. Operating expenses	2024-25	2023-24
5.1 Operating expenses	£000	£000
Local Health Boards	142	108
Welsh NHS Trusts	1,068	1,014
Welsh Special Health Authorities	0	0
Goods and services from other NHS bodies	0	0
NWJCC/ WHSSC and EASC	0	0
Local Authorities	0	0
Purchase of healthcare from non-NHS bodies	13,012	11,693
Welsh Government	612	511
Other NHS Trusts	0	0
Directors' costs	1,984	1,804
Operational Staff costs	234,153	216,799
Single lead employer Staff Trainee Cost	0	0
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	5,383	5,709
Supplies and services - general	3,014	2,219
Consultancy Services	584	496
Establishment	5,328	4,638
Transport	17,179	17,369
Premises	16,691	14,005
Impairments and Reversals of Receivables	0	0
Depreciation	14,854	13,896
Depreciation (RoU Asset)	3,409	3,738
Amortisation	1,137	669
Impairments and reversals of property, plant and equipment	1,653	3,847
Fixed asset impairments and reversals (RoU Assets)	0	0
Impairments and reversals of intangible assets	65	2,808
Impairments and reversals of financial assets	0	0
Impairments and reversals of non current assets held for sale	0	0
Audit fees	202	210
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	1,665	(367)
Research and development	0	0
Expense related to short-term leases	101	0
Expense related to low-value asset leases (excluding short-term leases)	0	0
Other operating expenses	2,720	5,192
Total	324,956	306,358

5. Operating expenses (continued)

5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses	2024-25 £000	2023-24 £000
Increase/(decrease) in provision for future payments:		
Clinical negligence;-		
Secondary care	(36)	1,876
Primary care	0	0
Redress Secondary Care	0	(39)
Redress Primary Care	0	0
Personal injury	767	51
All other losses and special payments	485	0
Defence legal fees and other administrative costs	64	97
Structured Settlements Welsh Risk Pool	0	0
Gross increase/(decrease) in provision for future payments	1,280	1,985
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	60	(58)
Less: income received/ due from Welsh Risk Pool	325	(2,294)
Total charge	1,665	(367)

Personal injury includes £0.727m in respect of permanent injury benefits.

The contribution to the Welsh Risk Pool risk share is disclosed within Note 5.1.

	2024-25 £	2023-24 £
Permanent injury included within personal injury:	727,208	202,233

6. Investment revenue	2024-25	2023-24
Rental revenue :	£000	£000
PFI finance lease revenue:		
Planned	0	0
Contingent	0	0
Other finance lease revenue	0	0
Interest revenue:		
Bank accounts	1,400	1,253
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	1,400	1,253

7. Other gains and losses	2024-25	2023-24
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal other than by sale of right of use assets	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	375	432
Gain/(loss) on disposal of financial assets	0	0
Gains/(loss) on foreign exchange	0	0
Change in fair value of financial assets at fair value through income statement	0	0
Change in fair value of financial liabilities at fair value through income statement	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	375	432

8. Finance costs	2024-25	2023-24
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	173	272
Interest on obligations under PFI contracts:		
Main finance cost	0	0
Contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	173	272
Provisions unwinding of discount	167	120
Periodical Payment Order unwinding of discount	0	0
Other finance costs	0	0
Total	340	392

9. Future change to SoCI/Operating Leases

9.1 Trust as lessee

Operating lease payments represent rentals payable by Welsh Ambulance Services University NHS Trust for properties and vehicles outside the scope of IFRS 16.

	2024-25 Low Value & Short Term	2024-25 Other	2024-25 Total	2023-24 Total
Payments recognised as an expense				
	£000	£000	£000	£000
Minimum lease payments	101	1,254	1,355	809
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
Total	101	1,254	1,355	809
Total future minimum lease payments	2024-25	2024-25	2024-25	2023-24
Payable:	£000	£000	£000	£000
Not later than one year	11	842	853	666
Between one and five years	0	1,233	1,233	1,222
After 5 years	0	284	284	430
Total	11	2,359	2,370	2,318
Total future sublease payments expected to be received	0	0	0	0

9. Future change to SoCI/Operating Leases (continued)

9.2 Trust as lessor

The Trust leases part of Vantage Point House to Aneurin Bevan NHS Trust in respect of their GP Out of Hours service.

Rental Revenue

Receipts recognised as income	2024-25 £000	2023-24 £000
Rent	0	0
Contingent rent	0	0
Other	244	207
Total rental revenue	244	207

Total future minimum lease payments	2024-25 £000	2023-24 £000
Receivable:		
Not later than one year	244	0
Between one and five years	0	0
After 5 years	1	1
Total	245	1

10. Employee costs and numbers

10.1 Employee costs Operational Staff	Permanently employed staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2024-25	2023-24
						£000	£000
						£000	£000
Salaries and wages	179,935	164	1,407	0	0	181,506	171,446
Social security costs	17,852	0	0	0	0	17,852	17,071
Employer contributions to NHS Pensions Scheme	36,878	0	0	0	0	36,878	30,193
Other pension costs	108	0	0	0	0	108	10
Other post-employment benefits	0	0	0	0	0	0	0
Termination benefits	164	0	0	0	0	164	54
Total	234,937	164	1,407	0	0	236,508	218,774

Of the total above:

Charged to capital	336	297
Charged to revenue	236,172	218,477
Total	236,508	218,774

Net movement in accrued employee benefits (untaken staff leave) 82 223

10.2 Average number of employees

	Permanently Employed	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2024-25	2023-24
						Total	Total
						Number	Number
Administrative, clerical and board members	673	7	10	0	0	690	643
Medical and dental	1	0	0	0	0	1	0
Nursing, midwifery registered	196	0	0	0	0	196	191
Professional, scientific and technical staff	3	0	0	0	0	3	3
Additional Clinical Services	1,972	0	2	0	0	1,974	2,071
Allied Health Professions	1,161	0	1	0	0	1,162	1,103
Healthcare scientists	0	0	0	0	0	0	0
Estates and Ancillary	59	0	6	0	0	65	68
Students	0	0	0	0	0	0	0
Total	4,065	7	19	0	0	4,091	4,079

10.3. Retirements due to ill-health

	2024-25	2023-24
Number	3	11
Estimated additional pension costs £	289,507	806,212

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

10.4 Employee benefits

Employee benefits refer to non-pay benefits which are not attributable to individual employees, for example group membership of a club. The trust does not operate any employee benefit schemes.

10.5 Reporting of other compensation schemes - exit packages

10.5.1 Exit Packages Costs and Numbers

	2024-25	2024-25	2024-25	2024-25	2023-24
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Number of other departures Whole numbers only	Total number of exit packages Whole numbers only	Number of departures where special payments have been made Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	3	3	3	0
£25,000 to £50,000	0	1	1	1	0
£50,000 to £100,000	0	1	1	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	5	5	4	1

	2024-25	2024-25	2024-25	2024-25	2023-24
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £	Cost of other departures £	Total cost of exit packages £	Cost of special element included in exit packages £	Total cost of exit packages £
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	55,000	55,000	55,000	0
£25,000 to £50,000	0	30,000	30,000	30,000	0
£50,000 to £100,000	0	79,365	79,365	0	53,678
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	164,365	164,365	85,000	53,678

	Total paid in year 2024-25 £	Total paid in year 2023-24 £
Total Exit Costs Paid in Year		
Exit costs paid in year	53,648	53,776
Total	53,648	53,776

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

10.5 Reporting of other compensation schemes - exit packages continued

10.5.2 Analysis of other departures

Type of other departures	2024-25 Agreements Number	2024-25 Total value of agreements £
Voluntary redundancies including early retirement contractual costs	1	79365
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval**	4	85000
Other please specify	0	0
Other please specify	0	0
Total	5	164365

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 10.5.1 which will be the number of individuals.

**The amounts shown above includes one non-contractual severance payment of £20,000 made following judicial mediation, and three amounts (£15,000, £20,000 and £30,000) relating to non-contractual payments in lieu of notice.

10.6 Fair Pay disclosures

10.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in

	2024-25	2024-25	2024-25	2023-24	2023-24	2023-24
	£	£		£	£	
	Chief			Chief		
Total pay and benefits	Executive	Employee	Ratio	Executive	Employee	Ratio
25th percentile pay ratio	187,500	30,420	6.16:1	172,500	28,906	5.97:1
Median pay	187,500	38,999	4.81:1	172,500	36,067	4.78:1
75th percentile pay ratio	187,500	53,416	3.51:1	172,500	48,629	3.55:1
Salary component of total pay and benefits						
25th percentile pay ratio	187,500	26,060		177,500	24,701	
Median pay	187,500	30,420		177,500	28,010	
75th percentile pay ratio	187,500	45,637		177,500	43,257	
	Highest Paid			Highest Paid		
Total pay and benefits	Director	Employee	Ratio	Director	Employee	Ratio
25th percentile pay ratio	187,500	30,420	6.16:1	172,500	28,906	5.97:1
Median pay	187,500	38,999	4.81:1	172,500	36,067	4.78:1
75th percentile pay ratio	187,500	53,416	3.51:1	172,500	48,629	3.55:1
Salary component of total pay and benefits						
25th percentile pay ratio	187,500	26,060		177,500	24,701	
Median pay	187,500	30,420		177,500	28,010	
75th percentile pay ratio	187,500	45,637		177,500	43,257	

In 2024-25, 0 (2023-24, 0) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £23,970 to £187,500 (2023-24, £22,720 to £177,500).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

In terms of these disclosures, the Chief Executive is also the highest paid director.

Financial year summary

In keeping with the Welsh Government circulars on pay, included in the calculations for 2024/25 are the 5.5% pay increase for employees covered by Agenda for Change (AfC) and the 5.0% pay increase for employees covered by Executive and Senior Posts (ESP).

Prior year figures have not been adjusted to take account of the revised Manual for Accounts, this has been applied for 2024-25 only, therefore salary sacrifice schemes are still currently deducted from the 2023-24 figures included under total pay and benefits.

10.6.2 Percentage Changes

	2023-24	2022-23
	to	to
	2024-25	2023-24
	%	%
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	8.7	3
Performance pay and bonuses	0.0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	8.7	3
Performance pay and bonuses	0.0	0
Average % Change from previous financial year in respect of employees taken as a whole		
Salary and allowances	7.8	5
Performance pay and bonuses	0.0	0

Prior year figures have not been adjusted to take account of the revised Manual for Accounts, this has been applied for 2024-25 only.

The 3.0% reported in 2023/24 is in relation to the pay award received in 2023/24, based on the mid-point of the band.

The 8.7% reported in 2024/25 is in relation to the pay award received in 2024/25 based on the mid-point of the band, and the exclusion of salary sacrifice schemes as per the new guidance.

If the prior year had been adjusted, the % change from previous financial year in respect for Chief Executive and the highest paid director would be 5.6%, based on the mid-point of the band.

The 5.0% in 2023/24 in terms of the average pay per FTE was related to the pay award received and accrued for during 2023/24. The 7.8% reported in 2024/25 relates to the agreed pay increases across the organisation, with salary sacrifice schemes excluded.

If the prior year had been adjusted, the average % change from previous financial year in respect of employees taken as a whole would be 6.1%.

11. Pensions

PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2024-25 tax year (2023-24 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

12. Public Sector Payment Policy

12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2024-25	2024-25	2023-24	2023-24
	Number	£000	Number	£000
NHS				
Total bills paid in year	1,580	13,122	1,343	16,672
Total bills paid within target	1,547	12,774	1,274	15,183
Percentage of bills paid within target	97.9%	97.3%	94.9%	91.1%
Non-NHS				
Total bills paid in year	53,595	142,878	50,454	134,242
Total bills paid within target	52,380	141,256	48,650	132,277
Percentage of bills paid within target	97.7%	98.9%	96.4%	98.5%
Total				
Total bills paid in year	55,175	156,000	51,797	150,914
Total bills paid within target	53,927	154,030	49,924	147,460
Percentage of bills paid within target	97.7%	98.7%	96.4%	97.7%

12.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2024-25	2023-24
	£	£
Amounts included within finance costs from claims made under legislation	0	0
Compensation paid to cover debt recovery costs under legislation	0	0
Total	0	0

13. Property, plant and equipment :

2024-25

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 31 March bf	9,199	34,020	0	14,430	20,827	85,505	17,550	1,444	182,975
Classification correction	(18)	(3,432)	0	(104)	(9)	0	0	(347)	(3,910)
At 1 April 2024	9,181	30,588	0	14,326	20,818	85,505	17,550	1,097	179,065
Indexation	98	175	0	0	0	0	0	0	273
Additions - purchased	0	2,723	0	16,343	25	1,005	567	0	20,663
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	338	0	(12,268)	853	8,913	2,143	175	154
Revaluation	(5)	(284)	0	0	0	0	0	0	(289)
Reversal of impairments	0	354	0	0	0	0	0	0	354
Impairments	(149)	(2,003)	0	(10)	0	0	(17)	0	(2,179)
Reclassified as held for sale	0	0	0	0	(1,276)	(7,139)	0	0	(8,415)
Disposals other than by sale	0	0	0	0	(1,543)	(363)	(4,982)	(247)	(7,135)
At 31 March 2025	9,125	31,891	0	18,391	18,877	87,921	15,261	1,025	182,491

Depreciation

Depreciation at 31 March bf	18	6,311	0	104	14,662	54,229	10,289	1,255	86,868
Classification correction	(18)	(3,432)	0	(104)	(9)	0	0	(347)	(3,910)
At 1 April 2024	0	2,879	0	0	14,653	54,229	10,289	908	82,958
Indexation	0	30	0	0	0	0	0	0	30
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	1	0	0	(2)	0	0	0	(1)
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(172)	0	0	0	0	0	0	(172)
Reclassified as held for sale	0	0	0	0	(1,276)	(7,139)	0	0	(8,415)
Disposals other than by sale	0	0	0	0	(1,543)	(363)	(4,982)	(247)	(7,135)
Charged during the year	0	963	0	0	1,647	9,763	2,362	119	14,854
At 31 March 2025	0	3,701	0	0	13,479	56,490	7,669	780	82,119

Net book value

At 1 April 2024	9,181	27,709	0	14,326	6,165	31,276	7,261	189	96,107
At 31 March 2025	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372

Net book value at 31 March 2025 comprises :

Purchased	9,125	28,190	0	18,391	5,387	31,357	7,592	245	100,287
Donated	0	0	0	0	11	74	0	0	85
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2025	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372

Asset Financing:

Owned	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2025	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	35,065
Long Leasehold	2,250
Short Leasehold	0
Total	37,315

Valuers 'material uncertainty', in valuation.

0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Classification corrections have been made to the opening cost and accumulated depreciation, in order to comply with the updated Manual for Accounts and to ensure the 2023/24 audited Annual Accounts fully agree to the Trusts Fixed Asset Register for the classification of impairments between cost and accumulated depreciation. The closing Net Book Values disclosed within the 2023/24 audited accounts agreed to the Trusts Fixed Asset Register. The differences identified related to accumulated cost and accumulated depreciation only and did not impact on the overall Net Book Values disclosed.

13. Property, plant and equipment :

2023-24	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 31 March bf	9,255	26,670	0	25,491	18,671	79,152	17,887	1446	178572
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	9,255	26,670	0	25,491	18,671	79,152	17,887	1,446	178,572
Indexation	(268)	1,315	0	0	0	0	0	0	1,047
Additions - purchased	0	1,342	0	15,688	547	710	99	(2)	18,384
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	(188)	(540)	0	0	0	0	0	0	(728)
Reclassifications	400	5,657	0	(26,749)	2,718	11,202	3,627	0	(3,145)
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(335)	0	0	0	0	0	0	(335)
Reclassified as held for sale	0	0	0	0	(934)	(5,557)	0	0	(6,491)
Disposals other than by sale	0	(89)	0	0	(175)	(2)	(4,063)	0	(4,329)
At 31 March 2024	9,199	34,020	0	14,430	20,827	85,505	17,550	1,444	182,975
Depreciation									
Depreciation at 31 March bf	0	2,037	0	0	14,180	51,214	11,720	804	79,955
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	0	2,037	0	0	14,180	51,214	11,720	804	79,955
Indexation	0	51	0	0	0	0	0	0	51
Transfers from/(into) other NHS bodies	0	(61)	0	0	0	0	0	0	(61)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	(173)	0	0	0	0	0	0	(173)
Impairments	18	3,597	0	104	9	0	0	292	4,020
Reclassified as held for sale	0	0	0	0	(934)	(5,557)	0	0	(6,491)
Disposals other than by sale	0	(89)	0	0	(175)	(2)	(4,063)	0	(4,329)
Charged during the year	0	949	0	0	1,582	8,574	2,632	159	13,896
At 31 March 2024	18	6,311	0	104	14,662	54,229	10,289	1,255	86,868
Net book value									
At 1 April 2023	9,255	24,633	0	25,491	4,491	27,938	6,167	642	98,617
Net book value									
At 31 March 2024	9,181	27,709	0	14,326	6,165	31,276	7,261	189	96,107
Net book value at 31 March 2024 comprises :									
Purchased	9,181	27,709	0	14,326	6,151	31,175	7,261	189	95,992
Donated	0	0	0	0	14	101	0	0	115
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2024	9,181	27,709	0	14,326	6,165	31,276	7,261	189	96,107
Asset Financing:									
Owned	9,181	27,709	0	14,326	6,165	31,276	7,261	189	96,107
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2024	9,181	27,709	0	14,326	6,165	31,276	7,261	189	96,107

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	35,107
Long Leasehold	1,783
Short Leasehold	0
Total	36,890

Valuers 'material uncertainty', in valuation.

0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standard. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

Disclosures:

i) Donated Assets

The Welsh Ambulance Service University NHS Trust has not received any donated assets during the year.

ii) Valuations

The NHS Trust land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

A Chartered Surveyor was used during the 2024/25 financial year to value an asset that became operational during the year.

The NHS Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives

Depreciated on a straight line basis over their useful lives as follows:

- Land is not depreciated.
- Assets under construction are not depreciated.
- Buildings useful lives are determined by the Valuation Office Agency.
- Equipment lives range from 3.5 - 9 years.

iv) Compensation

£1.718m was received from Welsh Government in respect of compensation for assets impaired during the year. This includes £1.152m in respect of a building that was brought into use in March 2025. The compensation received is included within the income statement.

v) Write Downs

There has been accelerated depreciation of £0.122m during the year.

vi) The NHS Trust does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period

Assets transferred to held for sale during the year are shown in Note 13. The Net Book Value of assets held for sale are shown in Note 13.2. Assets sold within the financial year are detailed below.

viii) IFRS 13 Fair value measurement

There are no assets requiring Fair Value measurement under IFRS 13.

13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance b/f 1 April 2024	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2025	0	0	0	0	0	0
Balance b/f 1 April 2023	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2024	0	0	0	0	0	0

Within Note 13 there is £7.139m of Transport equipment and £1.276m of Plant & Machinery that is reclassified as held for sale during the year. These relate to fully depreciated vehicles and equipment, of which £6.665m have been sold during the year and £1.750m remain within assets held for sale as they did not sell during the year.

Note 7 shows the gain/loss on disposals made during the year.

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however, 1 is significant in their own right:

VPH HQ & Control held under land and buildings NBV at 31 March 2025 £2,214k.

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	0	12,198	0	0	0	94	25,774	0	38,066
Additions	0	(193)	0	0	0	106	(41)	0	(128)
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(183)	0	0	0	(70)	0	0	(253)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March 2025	0	11,822	0	0	0	130	25,733	0	37,685
Depreciation at 1 April 2024	0	2,767	0	0	0	65	22,867	0	25,699
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(183)	0	0	0	(70)	0	0	(253)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,411	0	0	0	39	1,959	0	3,409
At 31 March 2025	0	3,995	0	0	0	34	24,826	0	28,855
Net book value at 1 April 2024	0	9,431	0	0	0	29	2,907	0	12,367
Net book value at 31 March 2025	0	7,827	0	0	0	96	907	0	8,830
RoU Asset Total Value Split by Lessor		Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	563	0	0	0	0	0	0	563
NHS Wales Market Value Leases	0	397	0	0	0	0	0	0	397
Other Public Sector Peppercorn Leases	0	353	0	0	0	0	0	0	353
Other Public Sector Market Value Leases	0	1,267	0	0	0	0	0	0	1,267
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	5,247	0	0	0	96	907	0	6,250
Total	0	7,827	0	0	0	96	907	0	8,830

The Land & Buildings additions shown above consist of 12 leases which are new or have rent increases totalling £0.161m and 2 amendments to leases totalling -£0.354m following a reduction in a rental period and a reduction in square meterage. The IT additions of -£0.041m shown above is in relation to a rental charge adjustment.

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most/all are individually insignificant, however, 2 are significant in their own right: Vantage Point House Headquarters & Control held under land and buildings Net Book Value at 31 March 2024 £2,530k
Airwave under information technology nbv at 31 March 2024 £2,907k

2023-24	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 31 March 2023	0	12,270	0	0	0	71	22,552	0	34,893
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2023	0	12,270	0	0	0	71	22,552	0	34,893
Additions	0	123	0	0	0	25	3,222	0	3,370
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(195)	0	0	0	(2)	0	0	(197)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March 2024	0	12,198	0	0	0	94	25,774	0	38,066
Depreciation at 31 March 2023	0	1,465	0	0	0	32	20,661	0	22,158
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2023	0	1,465	0	0	0	32	20,661	0	22,158
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(195)	0	0	0	(2)	0	0	(197)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,497	0	0	0	35	2,206	0	3,738
At 31 March 2024	0	2,767	0	0	0	65	22,867	0	25,699
Net book value at 1 April 2023	0	10,805	0	0	0	39	1,891	0	12,735
Net book value at 31 March 2024	0	9,431	0	0	0	29	2,907	0	12,367
RoU Asset Total Value Split by Lessor		Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	615	0	0	0	0	0	0	615
NHS Wales Market Value Leases	0	444	0	0	0	0	0	0	444
Other Public Sector Peppercorn Leases	0	395	0	0	0	0	0	0	395
Other Public Sector Market Value Leases	0	1,627	0	0	0	0	0	0	1,627
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	6,350	0	0	0	29	2,907	0	9,286
Total	0	9,431	0	0	0	29	2,907	0	12,367

13.3 Right of Use Assets continued

Quantitative disclosures

	2024-25			2024-25 TOTAL	2023-24	
	LAND £000	BUILDINGS £000	OTHER £000		Total £000	Total £000
Maturity analysis						
Contractual undiscounted cash flows relating to lease liabilities						
Less than 1 year	0	1,322	666	1,988		3,610
2-5 years	0	4,298	55	4,353		5,372
> 5 years	0	1,745	0	1,745		2,790
Less finance charges allocated to future periods	0	-286	-10	-296		0
Total	0	7,079	711	7,790		11,772
Lease Liabilities (net of irrecoverable VAT)				£000		£000
Current				1,900		3,448
Non-Current				5,890		7,897
Total				7,790		11,345
Amounts Recognised in Statement of Comprehensive Net Expenditure				£000		£000
Depreciation				3,409		3,738
Impairment				0		0
Variable lease payments not included in lease liabilities - Interest expense				173		272
Sub-leasing income				0		0
Expense related to short-term leases				101		37
Expense related to low-value asset leases (excluding short-term leases)				0		0
Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)				£000		£000
Interest expense				-173		-545
Repayments of principal on leases				-3,375		-3,716
Total				-3,548		-4,261

14. Intangible assets

2024-25	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 31 March bf	10,115	0	4,001	0	0	5,606	19,722
Classification correction	0	0	0	0	0	(2,808)	(2,808)
At 1 April 2024	10,115	0	4,001	0	0	2,798	16,914
Revaluation		0			0	0	0
Reclassifications	2,135	0	161	0	0	(2,450)	(154)
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	(65)	(65)
Additions							
- purchased	(458)	0	139	0	0	105	(214)
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(2,958)	0	(1,765)	0	0	0	(4,723)
At 31 March 2025	8,834	0	2,536	0	0	388	11,758
Amortisation							
Amortisation at 31 March bf	8,562	0	3,120	0	0	2,808	14,490
Classification correction	0	0	0	0	0	(2,808)	(2,808)
At 1 April 2024	8,562	0	3,120	0	0	0	11,682
Revaluation		0			0	0	0
Reclassifications	(17)	0	17	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	870	0	267	0	0	0	1,137
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(2,958)	0	(1,765)	0	0	0	(4,723)
Accumulated amortisation at 31 March 2025	6,457	0	1,639	0	0	0	8,096
Net book value							
At 1 April 2024	1,553	0	881	0	0	2,798	5,232
Net book value							
At 31 March 2025	2,377	0	897	0	0	388	3,662
Net book value							
Purchased	2,377	0	897	0	0	388	3,662
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2025	2,377	0	897	0	0	388	3,662

Classification corrections have been made to the opening cost and accumulated depreciation, in order to comply with the updated Manual for Accounts and to ensure the 2023/24 audited Annual Accounts fully agree to the Trusts Fixed Asset Register for the classification of impairments between cost and accumulated depreciation. The closing Net Book Values disclosed within the 2023/24 audited accounts agreed to the Trusts Fixed Asset Register. The differences identified related to accumulated cost and accumulated depreciation only and did not impact on the overall Net Book Values disclosed.

14. Intangible assets

2023-24	Computer software purchased	Computer software internally developed	Licenses and trademarks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2023	10,295	0	3,525	0	0	0	13,820
Revaluation		0			0	0	0
Reclassifications	57	0	585	0	0	2,503	3,145
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	1,112	0	0	0	0	2,892	4,004
- internally generated	0	0	0	0	0	211	211
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1,349)	0	(109)	0	0	0	(1,458)
At 31 March 2024	10,115	0	4,001	0	0	5,606	19,722
Amortisation							
At 1 April 2023	9,421	0	3,050	0	0	0	12,471
Revaluation		0			0	0	0
Reclassifications	(50)	0	50	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	2,808	2,808
Charged during the year	540	0	129	0	0	0	669
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1,349)	0	(109)	0	0	0	(1,458)
Accumulated amortisation at 31 March 2024	8,562	0	3,120	0	0	2,808	14,490
Net book value							
At 1 April 2023	874	0	475	0	0	0	1,349
Net book value At 31 March 2024	1,553	0	881	0	0	2,798	5,232
Net book value							
Purchased	1,553	0	881	0	0	2,733	5,167
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	65	65
At 31 March 2024	1,553	0	881	0	0	2,798	5,232

14. Intangible assets

Disclosures:

i) Donated Assets

Welsh Ambulance Services University NHS Trust has not received any donated intangible assets during the year.

ii) Recognition

Intangible assets acquired separately are initially recognised at fair value.

iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis.

iv) Additions during the period

There have been additions to purchased software and licenses during the period. There were negative additions to Software during the year amounting to -£0.458m, the majority of which relate to a project which included VAT in the capital creditor which was then identified as recoverable.

v) Disposals during the period

The disposals made during the period, as shown within Note 14, relate to nil net book value intangibles that have been identified as no longer in use and have been written off.

vi) Transfers into other NHS Bodies

There were no transfers of intangible assets to other NHS bodies during the year.

15. Impairments

Impairments in the period arose from:	2024-25	2024-25	2024-25	2024-25	2024-25	2024-25
	Property, plant	Right of	Intangible	Held for sale	Financial	Total Asset
	& equipment	Use Assets	assets	assets	Assets	Impairment
	£000	£000	£000	£000	£000	£000
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment of assets in the course of construction	0	0	65	0	0	65
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	1,157	0	0	0	0	1,157
Other	1,286	0	0	0	0	1,286
Reversal of impairment	(354)	0	0	0	0	(354)
Total of all impairments	2,089	0	65	0	0	2,154

Analysis of impairments :

Impairments charged to the Statement of Comprehensive Net Expenditure	1,653	0	0	0	0	1,653
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	436	0	0	0	0	436
Impairments as a result of a loss of economic value or service potential charged to Statement of Comprehensive Net Expenditure	0	0	65	0	0	65
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	2,089	0	65	0	0	2,154

Impairments in the period arose from:	2023-24	2023-24	2023-24	2023-24	2023-24	2023-24
	Property, plant	Right of	Intangible	Held for sale	Financial	Total Asset
	& equipment	Use Assets	assets	assets	Assets	Impairment
	£000	£000	£000	£000	£000	£000
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment of assets in the course of construction	0	0	2,808	0	0	2,808
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	2,861	0	0	0	0	2,861
Other	1,159	0	0	0	0	1,159
Reversal of impairment	(173)	0	0	0	0	(173)
Total of all impairments	3,847	0	2,808	0	0	6,655

Analysis of impairments :

Impairments charged to the Statement of Comprehensive Net Expenditure	3,847	0	2,808	0	0	6,655
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	335	0	0	0	0	335
Impairments as a result of a loss of economic value or service potential charged to Statement of Comprehensive Net Expenditure	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	4,182	0	2,808	0	0	6,990

Included within the above total of £2.154m are the following items:-

- £1.157m relates to the capital spend on building works over and above the valuation received once the works to the building were complete. £1.152m of this was charged to operating expenses and £0.005m to the Revaluation Reserve

- £0.065m was impaired relating to an agreed contract termination for an IT project being progressed on behalf of all NHS bodies in Wales, this was charged to operating expenses.

- A review of capital expenditure incurred on Trust buildings, in which the overall individual project capital spend did not exceed £0.5m, identified that a total impairment of £1.138m was required as there were instances where the value of the buildings had not been enhanced. Of this amount, £0.707m was charged to operating expenses and £0.431m charged to the Revaluation Reserve.

- £0.354m of impairments previously charged to operating expenses were reversed following upward indexation of assets.

- £0.148m was charged to operating expenses to correct impairments in the prior year incorrectly charged to the Revaluation Reserve which had insufficient balance.

16. Inventories

16.1 Inventories

	31 March	31 March
	2025	2024
	£000	£000
Drugs	131	129
Consumables	1,728	1,738
Energy	0	0
Work in progress	0	0
Other	255	252
Total	2,114	2,119
Of which held at net realisable value:	0	0

16.2 Inventories recognised in expenses

	31 March	31 March
	2025	2024
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

17. Trade and other receivables

17.1 Trade and other receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Welsh Government	564	339
NWJCC/WHSSC and EASC	48	47
Welsh Health Boards	1,834	3,674
Welsh NHS Trusts	180	144
Welsh Special Health Authorities	16	131
Non - Welsh Trusts	61	32
Other NHS	29	20
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	5,815	7,270
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	297	367
Other	0	0
Local Authorities	73	48
Capital receivables- Tangible	0	0
Capital receivables- Intangible	0	0
Other receivables	2,540	3,291
Provision for impairment of trade receivables	(273)	(260)
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	3,979	2,172
Accrued income	0	0
Sub-total	<u>15,163</u>	<u>17,275</u>
Non-current		
Welsh Government	0	0
NWJCC/WHSSC and EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital receivables- Tangible	0	0
Capital receivables- Intangible	0	0
Other receivables	401	388
Provision for impairment of trade receivables	0	0
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	0	0
Accrued income	0	0
Sub-total	<u>401</u>	<u>388</u>
Total trade and other receivables	<u>15,564</u>	<u>17,663</u>

The great majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £0.823m (£0.242m in 2023-24).

17.2 Receivables past their due date but not impaired

	31 March	31 March
	2025	2024
	£000	£000
By up to 3 months	478	242
By 3 to 6 months	346	0
By more than 6 months	0	0
Balance at end of financial year	824	242

17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful debts

	31 March	31 March
	2025	2024
	£000	£000
Balance at 1 April	(260)	(318)
Transfer to other NHS Wales body	0	0
Provision utilised (Amount written off during the year)	23	0
Provision written back during the year no longer required	0	0
(Increase)/Decrease in provision during year	(36)	58
ECL/Bad debts recovered during year	0	0
Balance at end of financial year	(273)	(260)

17.4 Receivables VAT

	31 March	31 March
	2025	2024
	£000	£000
Trade receivables	33	22
Other	0	0
Total	33	22

18. Other financial assets

	31 March 2025 £000	31 March 2024 £000
Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	0	0
RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure		
	2024-25	2023-24
RoU Sub-leasing income	0	0
Non-Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	0	0

19. Cash and cash equivalents

	31 March 2025 £000	31 March 2024 £000
Opening Balance	17,085	19,192
Net change in year	(9,049)	(2,107)
Closing Balance	8,036	17,085
Made up of:		
Cash with Government Banking Service (GBS)	7,992	16,950
Cash with Commercial banks	44	135
Cash in hand	0	0
Total cash	8,036	17,085
Current investments	0	0
Cash and cash equivalents as in SoFP	8,036	17,085
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash & cash equivalents as in Statement of Cash Flows	8,036	17,085

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £3.375m

Lease Liabilities (short-term and low value leases) £0.101m

The movement relates to cash, no comparative information is required by IAS 7 in 2024-25.

20. Trade and other payables at the SoFP Date	31 March	31 March
	2025	2024
Current	£000	£000
Welsh Government	7	1,344
NWJCC/WHSSC and EASC	319	528
Welsh Health Boards	351	301
Welsh NHS Trusts	463	425
Welsh Special Health Authorities	3	9
Other NHS	0	196
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	139	0
Other taxes payable to HMRC	2,174	1,940
National Insurance contributions payable to HMRC	2,226	2,173
Non-NHS trade payables - revenue	7,232	7,615
Local Authorities	47	62
Capital payables-Tangible	5,229	7,345
Capital payables- Intangible	102	4,152
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	245	21
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	3,100	2,852
Non NHS Accruals	7,675	8,209
Deferred Income:		
Deferred income brought forward	310	233
Deferred income additions	168	229
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	(302)	(152)
Other liabilities - all other payables	0	0
PFI assets – deferred credits	0	0
PFI - Payments on account	0	0
Sub-total	29,488	37,482

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

In respect of the Pensions figure shown above, £3.083m relates to the NHS Pension scheme (£2.835m 2023/24) and £0.017m to the NEST pension scheme (£0.017m 2023/24).

20. Trade and other payables at the SoFP Date (cont)

	31 March 2025 £000	31 March 2024 £000
Non-current		
Welsh Government	0	0
NWJCC/ WHSSC and EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
National Insurance contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred income brought forward	0	0
Deferred income additions	0	0
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub-total	<u>0</u>	<u>0</u>
Total	<u>29,488</u>	<u>37,482</u>

20. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled :	31 March 2025 £000	31 March 2024 £000
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	<u>0</u>	<u>0</u>

21. Borrowings	31 March	31 March
Current	2025	2024
	£000	£000
Bank overdraft - Government Banking Service (GBS)	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
RoU Lease Liability	1,900	3,448
Other	0	0
Total	1,900	3,448
Non-current		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
RoU Lease Liability	5,890	7,897
Other	0	0
Total	5,890	7,897

21.2 Loan advance/strategic assistance funding

	31 March	31 March
	2025	2024
	£000	£000
Amounts falling due:		
In one year or less	0	0
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	0	0
Wholly repayable within five years	0	0
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	0	0
Sub-total	0	0
Total repayable after five years by instalments	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

22. Other financial liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Financial Guarantees		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
Other		
At amortised cost	0	0
At fair value through SoCI	0	0
Total	<u>0</u>	<u>0</u>

	31 March 2025 £000	31 March 2024 £000
Non-current		
Financial Guarantees		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
Other		
At amortised cost	0	0
At fair value through SoCI	0	0
Total	<u>0</u>	<u>0</u>

23. Provisions
2024-25

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	2,687	0	(105)	0	0	864	(788)	(900)	0	1,758
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	297	0	(32)	0	0	134	(64)	(134)	0	201
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,664	0	0	0	0	996	(941)	(411)	166	1,474
All other losses and special payments	0	0	0	0	0	485	(485)	0	0	0
Defence legal fees and other administration	420	0	0	0	0	209	(133)	(166)	0	330
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	18		0	0	0	16	(15)	(4)	1	16
2019-20 Scheme Pays - Reimbursement	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	838		0	0	0	0	0	0		838
Total	5,924	0	(137)	0	0	2,704	(2,426)	(1,615)	167	4,617

Non Current

Clinical negligence:-										
Secondary Care	0	0	0	0	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	6,307	0	0	0	0	182	0	0	0	6,489
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	21	(6)	0	0	15
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	43		0	0	0	0	0	(2)	0	41
2019-20 Scheme Pays - Reimbursement	37		0	0	0	0	0	(2)	0	35
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Total	6,387	0	0	0	0	203	(6)	(4)	0	6,580

TOTAL

Clinical negligence:-										
Secondary Care	2,687	0	(105)	0	0	864	(788)	(900)	0	1,758
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	297	0	(32)	0	0	134	(64)	(134)	0	201
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	7,971	0	0	0	0	1,178	(941)	(411)	166	7,963
All other losses and special payments	0	0	0	0	0	485	(485)	0	0	0
Defence legal fees and other administration	420	0	0	0	0	230	(139)	(166)	0	345
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	61		0	0	0	16	(15)	(6)	1	57
2019-20 Scheme Pays - Reimbursement	37		0	0	0	0	0	(2)	0	35
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	838		0	0	0	0	0	0		838
Total	12,311	0	(137)	0	0	2,907	(2,432)	(1,619)	167	11,197

Expected timing of cash flows:

	In year to 31 March 2026	Between 01-Apr-26 to 31 March 2030	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	1,758	0	0	1,758
Primary Care	0	0	0	0
Redress Secondary Care	201	0	0	201
Redress Primary Care	0	0	0	0
Personal injury	1,474	1,942	4,547	7,963
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	330	15	0	345
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	16	40	1	57
2019-20 Scheme Pays - Reimbursement	0	35	0	35
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	838	0	0	838
Total	4,617	2,032	4,548	11,197

"Other" provisions of £0.838m is in relation to the dilapidation of leasehold premises.

23. Provisions (continued)

2023-24

	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	1,860	0	(280)	100	0	3,401	(1,019)	(1,375)	0	2,687
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	447	0	(32)	1	0	158	(80)	(197)	0	297
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,883	0	0	312	0	1,537	(702)	(1,486)	120	1,664
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	512	0	0	(24)	0	355	(185)	(238)	0	420
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	16	0	0	6	0	10	(13)	(1)	0	18
2019-20 Scheme Pays - Reimbursement	0	0	0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0	0	0	0	0	0	0	0		0
Other Capital Provisions	0	0	0	0	0	0	0	0		0
Other	386		0	0	0	546	(94)			838
Total	5,104	0	(312)	395	0	6,007	(2,093)	(3,297)	120	5,924
Non Current										
Clinical negligence:-										
Secondary Care	250	0	0	(100)	0	0	0	(150)	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	1	0	0	(1)	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	6,619	0	0	(312)	0	0	0	0	0	6,307
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	24	0	3	(4)	(23)	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	49	0	0	(6)	0	0	0	0	0	43
2019-20 Scheme Pays - Reimbursement	37	0	0	0	0	0	0	0	0	37
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0	0	0	0	0	0	0	0		0
Other Capital Provisions	0	0	0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Total	6,956	0	0	(395)	0	3	(4)	(173)	0	6,387
TOTAL										
Clinical negligence:-										
Secondary Care	2,110	0	(280)	0	0	3,401	(1,019)	(1,525)	0	2,687
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	448	0	(32)	0	0	158	(80)	(197)	0	297
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	8,502	0	0	0	0	1,537	(702)	(1,486)	120	7,971
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	512	0	0	0	0	358	(189)	(261)	0	420
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	65	0	0	0	0	10	(13)	(1)	0	61
2019-20 Scheme Pays - Reimbursement	37	0	0	0	0	0	0	0	0	37
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0	0	0	0	0	0	0	0		0
Other Capital Provisions	0	0	0	0	0	0	0	0		0
Other	386		0	0	0	546	(94)			838
Total	12,060	0	(312)	0	0	6,010	(2,097)	(3,470)	120	12,311

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:

	31 March 2025 £000	31 March 2024 £000
Legal claims for alleged medical or employer negligence;		
Secondary care	11,298	6,306
Primary Care	0	0
Secondary care - Redress	0	0
Primary Care - Redress	0	0
Doubtful debts	0	0
Equal pay cases	0	0
Defence costs	291	282
Other	0	0
Total value of disputed claims	11,589	6,588
Amount recovered under insurance arrangements in the event of these claims being successful	(10,338)	(5,551)
Net contingent liability	1,251	1,037

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them.

Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents.

Contingent liabilities includes claims relating to alleged clinical negligence and personal injury.

24.2. Remote contingent liabilities

	31 March 2025 £000	31 March 2024 £000
Guarantees	0	0
Indemnities	0	0
Letters of comfort	0	0
Total	0	0

24.3 Contingent assets

	31 March 2025 £000	31 March 2024 £000
	0	0
	0	0
	0	0
	0	0

The Trust has no contingent assets.

25. Capital commitments

Commitments under capital expenditure contracts at the statement of financial position sheet date :

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	31 March	31 March
	2025	2024
	£000	£000
Property, plant and equipment	2,682	346
Right of Use Assets	0	0
Intangible assets	0	0
Total	<u>2,682</u>	<u>346</u>

26. Losses and special payments

Losses and special payments are charged to the Income Statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

26.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2025	
	No. of cases	£
Clinical negligence:-		
Secondary Care	13	787,835
Primary Care	0	0
Redress Secondary Care	19	63,934
Redress Primary Care	0	0
Personal injury	63	941,258
All other losses and special payments	261	485,194
Total	356	2,278,221

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000	Cumulative amount
	L&R Case reference number	£
Cases in excess of £300,000:		

	Number of cases	£	£
Sub-total	0	0	0
All other cases paid in year	356	2,278,221	11,098,999
Total cases paid in year	356	2,278,221	11,098,999

26.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	69	877,773
Cumulative amount greater than £300k	2	1,517,758
Total	71	2,395,531

27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2025	2025	2025	2025
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	1,322	666	1,988
Between one and five years	0	4,298	55	4,353
After five years	0	1,745	0	1,745
Less finance charges allocated to future periods	0	(286)	(10)	(296)
Minimum lease payments	0	7,079	711	7,790
Included in:				
Current borrowings	0	1,243	657	1,900
Non-current borrowings	0	5,836	54	5,890
	0	7,079	711	7,790
Present value of minimum lease payments				
Within one year	0	1,243	657	1,900
Between one and five years	0	4,140	54	4,194
After five years	0	1,696	0	1,696
Present value of minimum lease payments	0	7,079	711	7,790
Included in:				
Current borrowings	0	1,243	657	1,900
Non-current borrowings	0	5,836	54	5,890
	0	7,079	711	7,790

A contract was entered into with Airwave during 2007/08 in respect of the National Ambulance Radio Re-procurement Project. During the financial year 2019/20, the Airwave finance lease was extended to November 2022 due to the national replacement scheme being delayed. During the financial year 2022/23, this was extended again to December 2023 due to further delays. During the financial year 2023/24, this was extended again to June 2025 due to further delays. This is included within 'Other'.

2023-24

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2024	2024	2024	2024
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	1,359	2,252	3,611
Between one and five years	0	4,742	629	5,371
After five years	0	2,790	0	2,790
Less finance charges allocated to future periods	0	(337)	(90)	(427)
Minimum lease payments	0	8,554	2,791	11,345
Included in:				
Current borrowings	0	1,281	2,167	3,448
Non-current borrowings	0	7,273	624	7,897
	0	8,554	2,791	11,345
Present value of minimum lease payments				
Within one year	0	1,281	2,167	3,448
Between one and five years	0	4,554	624	5,178
After five years	0	2,719	0	2,719
Present value of minimum lease payments	0	8,554	2,791	11,345
Included in:				
Current borrowings	0	1,281	2,167	3,448
Non-current borrowings	0	7,273	624	7,897
	0	8,554	2,791	11,345

27.2 Right of Use Assets receivables (as lessor)

The Trust has no amounts receivable under right of use asset or finance leases as lessor.

Amounts receivable under right of use assets:

	31 March 2025 £000	31 March 2024 £000
Gross investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
Current financial assets	0	0
Non-current financial assets	0	0
Total	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Total present value of minimum lease payments	0	0
Included in:		
Current financial assets	0	0
Non-current financial assets	0	0
Total	0	0

27.3 Finance Lease Commitment

The Trust does not have any commitments becoming operational in a future period.

28. Private finance transactions

Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)

The Trust has no PFI or PPP Schemes.

29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

Interest-rate risks

The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

Foreign currency risk

NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

General

The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital

	31 March 2025 £000	31 March 2024 £000
(Increase) / decrease in inventories	5	(87)
(Increase) / decrease in trade and other receivables - non-current	(13)	(8)
(Increase) / decrease in trade and other receivables - current	2,112	1,664
Increase / (decrease) in trade and other payables - non-current	(2,007)	(503)
Increase / (decrease) in trade and other payables - current	(9,542)	(1,928)
Total	(9,445)	(862)
Adjustment for accrual movements in fixed assets - creditors	6,166	(5,039)
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	3,331	59
Adjustment for accrual movements in right of use assets - debtors	0	0
Other adjustments	6	151
Total	58	(5,691)

The 'Other adjustments' relates to the amount owed to WG in relation to PIBS funding for 24/25.

31. Other cash flow adjustments

	31 March 2025 £000	31 March 2024 £000
Other cash flow adjustments	£000	£000
Depreciation	18,263	17,634
Amortisation	1,137	669
(Gains)/Loss on Disposal	0	0
Impairments and reversals	1,718	6,655
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
NWSSP Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	0
Non-cash movements in right of use assets	0	0
Non-cash movements in provisions	1,318	2,348
Total	22,436	27,306

32. Events after reporting period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 26/06/2025; the financial statements were then certified by the Auditor General for Wales on 27/06/2025.

33. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the LHB have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	1,953	23,260	7	564
JCC	0	275,441	319	48
Aneurin Bevan University Health Board	257	701	74	407
Betsi Cadwaladr University Health Board	529	1,750	145	430
Cardiff & Vale University Health Board	135	447	51	174
Cwm Taf Morgannwg University Health Board	82	815	19	744
Hywel Dda University Health Board	111	1,660	38	23
Powys Teaching Health Board	66	(3)	3	7
Swansea Bay University Health Board	163	782	20	48
Public Health Wales NHS Trust	5	178	0	44
Velindre University NHS Trust	2,137	1,337	463	136
Health Education and Improvement Wales (HEIW)	3	1,039	3	16
Digital Health & Care Wales (DHCW)	1,490	101	0	0
Welsh Local Authorities	2,208	361	47	73
	9,139	307,869	1,189	2,714

The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust can act as a corporate trustee of the Charity. During the year receipts from the Charity amounted to £0.010m (2023/24 £0.010m) with no other transactions being made. Net assets of the Charity amount to £0.762m.

The Welsh Government income shown above includes £1.718m relating to impairment funding.

Jason Killens, Chief Executive, is both a Member of the Order St John and Honorary Professor at Swansea University and took up the role of Chairperson of the Association of Ambulance Chief Executives (AACE) from September 2024. The transactions disclosed with AACE are for the period September 2024-March 2025 only.

Lee Brooks, Executive Director of Operation, is also a Member of the Order of St John and a Council Member of St John's Ambulance Cymru Gwent Council.

Hayley Hutching, Non-Executive Director, is employed at Swansea University as Professor of Health Services Research.

33. Related Party transactions (continued)

A number of the Trust's members have declared interests in related parties.

The register of Declarations of Interest for the Trust's members can be found on the Trust website:

[Board Member Register of Interests - Live.xlsx](#)

No other Trust members provided declarations of interest in related parties during the period.

Material transactions between the Trust and related parties disclosed on the register of Declarations of Interest for 2024-25 were as follows (unless already reported on page 71):

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Association of Ambulance Chief Executives	3	65	0	0
St John Ambulance	3,186	0	356	0
Swansea University	20	128	0	64
TOTAL	3,209	193	356	64

34. Third party assets

The Trust has no third party assets.

35. Pooled budgets

Welsh Ambulance Services University NHS Trust has no pooled budgets.

36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

The Trust's primary remit is the provision of Ambulance and Unscheduled Care services throughout Wales and this is viewed as the only segment that is recognisable under this legislation.

The Chief Operating Decision Maker (CODM) is considered to be the Trust Board. The CODM receives a variety of information in a variety of formats dealing with various aspects of ambulance service and NHS Direct Wales performance. The Trust however considers the provision of services to be ultimately generic, in terms of geography and service.

The Trust therefore is deemed to operate as one segment.

37. Other Information

Staff

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2024 to 31 March 2025. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2024 and February 2025 alongside Trust data for March 2025.

Transactions include notional expenditure in relation to the 9.4% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2024-25	2023-24
STATEMENT OF COMPREHENSIVE INCOME		
FOR THE YEAR ENDED 31 MARCH 2025	£000	£000
Revenue from patient care activities	14,577	9,196
Operating expenses	14,577	9,196
3. Analysis of gross operating costs		
3. Revenue from patient care activities		
Welsh Government	14,577	9,196
Welsh Government - Hosted Bodies	0	0
5.1 Operating expenses		
Directors' costs	115	67
Staff costs	14,462	9,129

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Other

37.2 IFRS 17 - Insurance Contract Disclosures

The outcome of the contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

STATEMENT OF FINANCIAL POSITION

(Signage as per provision note disclosure)	£000
Liability for incurred claims @ 1 April 2024	0
Liability for remaining payments @ 31 March 2025	0
	<hr/> 0
Arising during year	0
Utilised	0
Reversed unused	0
Movement in Discount Rates	0
	<hr/> 0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE / STATEMENT OF COMPREHENSIVE INCOME

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

NHS TRUSTS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated : 17.06.2010

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities) (Wales)

Audit of Accounts Report – Welsh Ambulance Services University NHS Trust

Audit year: 2024-25

Date issued: June 2025

Document reference: **4924A2025**



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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Introduction



Adrian Crompton

Auditor General for
Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. My team have already discussed these findings with the Executive Director of Finance and Corporate Resources.

My team have substantially completed the audit work as set out in my Audit Plan dated April 2025 subject to final review of audit work and the completion of final audit procedure steps.

Since my Audit Plan, I have updated materiality to reflect the 2024-25 accounts. I have not identified any new audit risks. My

response to previously identified risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared, and give a true and fair view, in all material aspects, and whether income and expenditure have been applied to the purposes intended. My proposed audit opinion and basis for it is outlined on page 17.

It is the responsibility of the those charged with governance, i.e. the Board to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of Welsh Ambulance Services University NHS Trust for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

Your audit at a glance



We intend to issue an **unqualified opinion** on the accounts

See [Appendix 3](#)



There are no **other significant matters** to report

See [Audit findings](#)

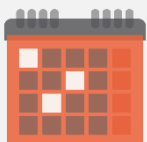


There are no **uncorrected misstatements** in the accounts which we wish to draw to your attention

See [Audit findings](#)



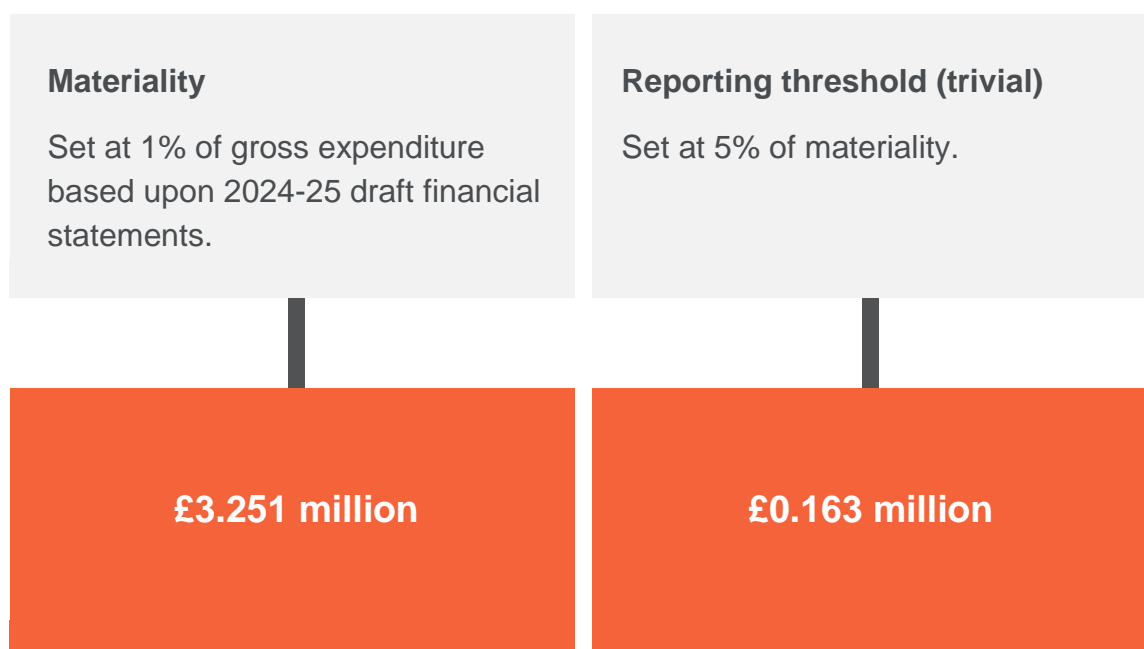
The recommendations arising from our work will be set out in an Accounts Memorandum which will be communicated with officers in due course.



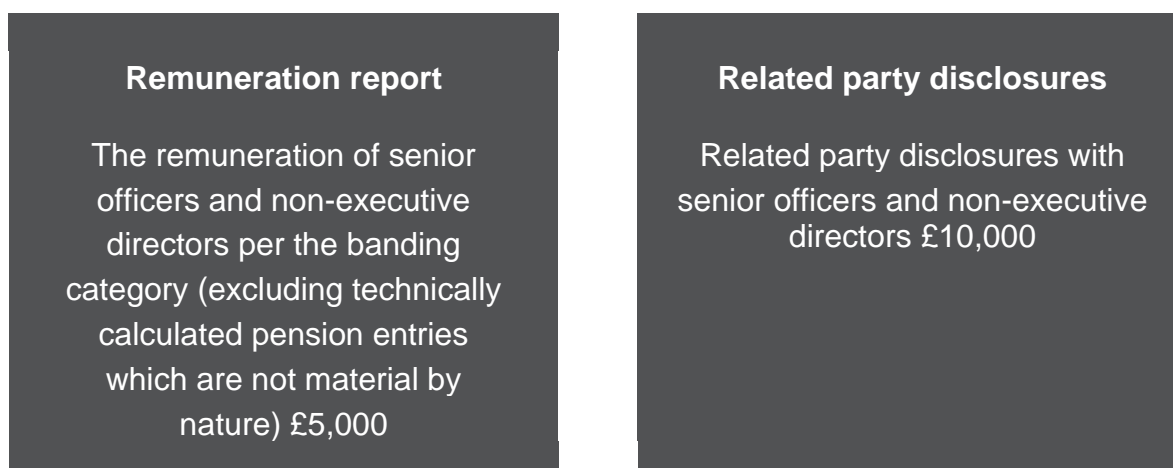
We are aiming to certify your accounts on 27 June 2025, which is ahead of the agreed deadline of 30 June 2025.

Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:



There are some areas of the accounts that may be of more importance to the user of the accounts. We confirm lower materiality levels for these:



Audit Findings

Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, but which we consider should be drawn to your attention.

These are set out in **Appendix 2**.

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of Welsh Ambulance Services University NHS Trusts financial reporting process. There were no such issues identified during the audit.

Other matters

We are pleased to report that this year has seen substantial improvements in the quality of the Trust's accounts submitted for audit. This led to a significant reduction in the number of issues and misstatements reported, as evidenced in Appendix 2. This achievement is a testament to the dedicated efforts and commitment of your staff, as well as the strong working relationship developed between the audit team and your staff.

Proposed audit opinion

Audit opinion

We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

Our proposed audit report is set out in **Appendix 3**.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4**, the contents of which are in line with our standard request for representations.

Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: my local audit team

Engagement Lead Gareth Lucey
gareth.lucey@audit.wales

Audit Manager Yvonne Thomas
yvonne.thomas@audit.wales

Audit Lead Amy Lord
amy.lord@audit.wales

Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Appendix 1 – Audit risks and outcomes

My Audit Plan set out the risks of material misstatement and irregularity for the audit of Welsh Ambulance Services University NHS Trust accounts.

Exhibit 2 lists these audit risks and sets out how they were addressed as part of the audit. No additional audit risks have been identified since that need to be brought to your attention.

Exhibit 2: audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome
<p>Risk of management override</p> <p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team:</p> <ul style="list-style-type: none">• tested the appropriateness of journal entries and other adjustments made in preparing the financial statements;• reviewed accounting estimates for bias; and• evaluated the rationale for any significant transactions outside the normal course of business.	<p>My audit work did not identify any instances of management override of controls.</p>

Risk of fraud in expenditure recognition

Due to the financial pressures faced by the Trust, we identified a significant risk that cut off would not be correctly applied to expenditure incurred around the year end.

The audit team:

- tested the appropriateness of journal entries and other adjustments made in preparing the financial statements;
- reviewed the basis of accruals for any estimation bias;
- reviewed the year-end cut-off of expenditure; and
- tested key year balances to ensure they were appropriate and complete.

My audit work did not identify any significant issues or errors with expenditure cut off.

Remuneration Report disclosures

Due to changes in senior officer and board member posts during 2024-25, we identified a risk that these were not appropriately disclosed in the remuneration report.

My audit team:

- understood the movements in the senior management team during 2024-25;
- ensured that remuneration disclosed was consistent with supporting evidence;
- ensured that amounts paid were consistent with those approved by the Board and are in accordance with Welsh Government pay rates;
- ensured that pay was in line with regulatory requirements to support our regularity opinion; and
- ensure that disclosures were complete based on the team's knowledge and were prepared in accordance with requirements.

My work did not identify any significant issues or errors in the Remuneration Report disclosures.

Valuation of property assets

Property assets are required to be formally revalued every five years as a minimum, with indexation applied in interim years, but values may also change year on year, particularly where there are ongoing refurbishment projects resulting in subsequent expenditure being capitalised.

There is a risk that the carrying value of assets recognised in the accounts could be materially different to the current value of assets as at 31 March 2025.

The audit team:

- reviewed the indices used by management for reasonableness;
- evaluated the competence, capabilities and objectivity of the professional valuer who provide indices to management and undertake valuations as necessary;
- confirmed that indexation was appropriately applied and was correctly reflected in the financial statements; and
- tested the reconciliation between the financial ledger and the asset register

My work did not identify any issues or errors in the valuation of property assets.

Property, Plant and Equipment and Intangible Assets

We identified numerous misstatements to the figures reported in the Property, Plant and Equipment (PPE) and Intangible Assets (IA) notes in 2023-24. We identified a risk that similar misstatements could be uncovered in our 2024-25 audit which could be material in value and required amending.

The audit team:

- ensured disclosures were complete, accurate, consistent with evidence and were in accordance with requirements;

and performed detailed testing on:

- disposals to ensure they are no longer operational;
- the classification of assets categorised as PPE and IA, particularly Assets Under Construction;
- the classification of impairments in Note 15; and
- the adjustments made to the opening balances of PPE and Intangible Assets relating to the classification of impairments following clarification of the treatment within the Manual for Accounts for 2024-25.

My work did not identify any issues or errors in the figures reported for PPE and IA.

Capital investment

There was significant investment in capital projects during 2024-25. We identified a risk that capital classified as Assets Under Construction could be materially mis-stated.

The audit team:

- gained an understanding of the reasons for the peak in capital expenditure in month 12;
- performed detailed testing on a sample of additions and capital accruals; and
- reviewed whether any assets under construction required impairment.

My work did not identify any issues or errors in the figures reported for capital investment.

Related party disclosures

These transactions are of high interest and are considered to be material by their nature.

There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

The audit team:

- reviewed management’s process for identifying related party relationships and associated transactions and balances;
- undertook procedures to confirm the completeness of related party relationships; and
- ensured disclosures are complete, accurate, consistent with evidence and in accordance with requirements.

My audit work identified related party disclosure omissions as included within the summary of corrections made in Appendix 2.

Provisions

The financial statements include provisions for legal obligations, particularly in relation to clinical negligence.

There is a significant degree of subjectivity and uncertainty in the measurement and valuation of these provisions.

This subjectivity and uncertainty increases the risk of material misstatement

The audit team:

- reviewed management’s estimation process for the valuation of provisions;
- considered the competence, capability and objectivity of the management experts who are prepare the estimates; and
- ensured that disclosures are in accordance with HM Treasury’s Financial Reporting Manual and Welsh Government’s Manual for Accounts.

My work did not identify any issues or errors in the valuation of provisions.

Appendix 2 – Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
£193,000	Revenue from patient care activities (Note 3) and Operating expenses (Note 5.1)	<p>A repayment of £193,000 to Joint Commissioning Committee (JCC) was incorrectly classified as expenditure, rather than a reversal of income. The following amendments were made for the classification misstatement:</p> <p>NWJCC/WHSSC and EASC (Note 3) decreased by £193,000</p> <p>Other operating expenses decreased by £193,000</p> <p>This adjustment does not affect the Trust's final net expenditure position.</p>
£1,817,000	Trade and other payables (Note 20)	<p>The 2023-24 Manual for Accounts was amended to require accruals, where the amounts are known, to be classified as payables, rather than accruals. The following amendments were made to correctly classify accruals in the accounts:</p> <p>Non-NHS accruals decreased by £1,817,000</p> <p>Non-NHS payables - revenue increased by £1,817,000</p> <p>This adjustment is self-contained to Note 20.</p>

£479,000	Contingent liabilities (Note 24.1)	An updated discount rate for medical negligence claims was provided to WAST during the audit. Contingent liabilities relating to secondary care have been reduced by £479,000 to reflect this change. This adjustment is self-contained to Note 24.1.
£992,000	Losses and special payments (Note 26)	39 personal injury claims totalling £507,000, and 216 damage to property cases totalling £485,000 relating to in year payments had been omitted from note 26.1 in error. Note 26.2 has been accordingly revised for the above £992,000 (255 cases). Taking also into account the historic costs of these cases, the cumulative amount has been increased from £4,042,000 to £11,099,000. These adjustments are self-contained to Note 26.
Various	Related party transactions (Note 33)	Related party transactions with the Association of Ambulance Chief Executives have been added to the second table in this self-contained disclosure note, together with additional narrative disclosures.
Various	Various	A number of other narrative, presentational and below trivial amendments were made to supporting notes throughout the financial statements. Minor amendments were also made to the Annual Report.

Appendix 3 – Proposed audit report

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Welsh Ambulance Services University NHS Trust for the year ended 31 March 2025 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Welsh Ambulance Services University NHS Trust as at 31 March 2025 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Welsh Ambulance Services University NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion

thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;

- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud

or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Welsh Ambulance Services University NHS Trust's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in management override and expenditure recognition;
- Obtaining an understanding of Welsh Ambulance Services University NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Welsh Ambulance Services University NHS Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Welsh Ambulance Services University NHS Trust;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;

- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Welsh Ambulance Services University NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales
27 June 2025

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Appendix 4 – Letter of representation

Auditor General for Wales

Wales Audit Office

1 Capital Quarter

Cardiff

CF10 4BZ

26 June 2025

Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Welsh Ambulance Services University NHS Trust for the year ended 31 March 2025 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of Welsh Ambulance Services University NHS Trust will continue in operation.
- ensuring the regularity of any expenditure and other transactions incurred; and
- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Welsh Ambulance Services University NHS Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;

- the identity of all related parties and all the related party relationships and transactions of which we are aware; and
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 26 June 2025.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:
Jason Killens
Chief Executive
Date: 26 June 2025

Signed by:
Colin Dennis
Board Chair
Date: 26 June 2025

Audit quality

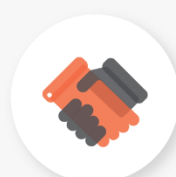
Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Supporting you

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

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Information on our upcoming work and forward work programme for [performance audit](#).



[Data tools](#) to help you better understand public spending trends.



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Our [newsletter](#) which provides you with regular updates on our public service audit work, good practice, and events.



Audit Wales

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Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



AGENDA ITEM No	4
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

DUTY OF QUALITY ANNUAL REPORT 2023/24
--

MEETING	Trust Board
DATE	26 June 2025
EXECUTIVE	Liam Williams, Executive Director of Quality & Nursing
AUTHOR	Kate Blackmore, Assistant Director of Quality Governance
CONTACT	Kate.blackmore@wales.nhs.uk

EXECUTIVE SUMMARY	
1.	As part of the Duty of Quality Statutory Guidance 2023 there is a requirement for each Local Health Board, NHS Trust and Wales-only Special Health Authority to publish an annual report on the steps it has taken to comply with the Duty of Quality.
2.	Section 9 of the Duty of Quality Statutory Guidance 2023 (Annex 3) sets out the quality reporting requirements for the Duty of Quality.
3.	Feedback on the Duty of Quality Annual Report 2023-24 was sought directly from NHS Wales, as well as through the National Reference Group, to inform learning and support the development of this year's report.
4.	In order to provide an accessible report which presents information in a user-friendly and engaging manner the report has been produced in a SWAY format. A word version has been included at Annex 2 as well as a link for visualisation.
5.	The first section of the report sets out our quality management system and reflects on our achievements against our intentions for 2024-25.
6.	The second section sets out evidence of our endeavours to improve the quality of services across the 12 Health and Care Quality Domains.
7.	Finally, we have set out our intentions for quality improvements for 2025-26.
RECOMMENDATION: That the Trust Board approve the Duty of Quality Annual Report 2024/25 for publication.	

KEY ISSUES/IMPLICATIONS

1. Accessibility requirements and resourcing capacity (including financial) have impacted on the format of production of this report.

REPORT APPROVAL ROUTE

Executive Leadership Team – 11 June 2025
 Clinical & Quality Governance Group – 12 June 2025
 Quality, Patient Experience and Safety Committee (Extraordinary Meeting) – 13 June 2025
 Trust Board (Extraordinary Meeting) – 26 June 2025

REPORT APPENDICES

ANNEX 1 – SBAR providing background information.
 ANNEX 2 - Duty of Quality Annual Report 2024-25 (word) visualisation can be viewed via the following link



Duty of Quality Annual Report 2024-2025

We are pleased to present the Welsh Ambulance Services University NHS Trust's Duty of Quality Annual Report for 2024-2025. This report reflects our continued commitment to delivering safe, ...

[Go to this Sway](#)

ANNEX 3 - Duty of Quality Statutory Guidance 2023

ANNEX 4 - Annual Quality Reports Review 2023-24

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	Yes
Environmental/Sustainability	n/a	Legal Implications	yes

Estate	n/a	Patient Safety/Safeguarding	Yes
Ethical Matters	Yes	Risks (Inc. Reputational)	Yes
Health Improvement	Yes	Socio Economic Duty	n/a
Health and Safety	Yes	TU Partner Consultation	n/a

SITUATION

1. On 1 April 2023, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into power introducing the Duty of Quality, Duty of Candour and Citizens Voice.
2. The Duty of Quality Statutory Guidance 2023 requires each Local Health Board, NHS Trust and Wales-only Special Health Authority to publish an annual report on the steps it has taken to comply with the Duty of Quality.
3. The Duty of Candour Statutory Guidance 2023 requires NHS bodies to report annual on compliance with the duty and to publish these reports specifying if the duty has been triggered within the reporting period and, if so, how often, in what circumstances and the action taken to mitigate similar circumstances in future. To streamline annual reporting in Wales and reduce duplication of content of candour reporting should be included in the Putting Things Right which should be published in line with regulation 51 of 2011 Regulations by 31 October each year.
4. This paper sets out the approach taken to produce the Duty of Quality Annual Report for 2024-25.

BACKGROUND

5. Section 9 of the Duty of Quality Statutory Guidance 2023 (Annex 3) sets out the quality reporting requirements for the Duty of Quality.
6. This stipulates that the Annual Report should articulate the steps we have taken to comply with the duty to exercise our functions with a view to securing improvement in the quality of health services.
7. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.
8. The report allows the actions taken by the Welsh Ambulance Services University NHS Trust (the Trust) and any quality improvements to be monitored transparently. We should describe the progress and challenges on our quality journey to our population and stakeholders.
9. Quality reporting should reflect the breadth of the domains of quality, quality enablers and quality management system within its structure and content.

10. The Annual Report is intended to summarise and reflect the Trust's progress to improve the quality of our services and population outcomes. It is anticipated that we will sign-post readers to the information provided through the 'Always on' Reports that outline learning and improvements that have been made at regular intervals through the year.
11. The report should include a look back at what has been achieved together with a forward look about our quality priorities and ambitions for the upcoming year alongside how progress will be monitored. There should be continuity between Annual Reports across subsequent years.
12. Following the publication of our first Duty of Quality Annual Report in July 2024 we sought feedback from the Quality & Performance Improvement Manager for NHS Wales as well as the Chair of the Duty of Quality National Reference Group.
13. Subsequently the Duty of Quality National Reference Group met to discuss the Duty of Quality Annual Report and provide opportunities for feedback and learning in the absence of a standardised template for this report.
14. The feedback from the Quality & Performance Improvement Manager for NHS Wales was that we had provided a good annual report that was easy to read in a nice format that clearly articulated our position and future planning for care quality. An area for improvement would have been to have an overview of the key elements of quality management which would have supported our QMS in action page.
15. The feedback from the Chair of the Duty of Quality National Reference Group was that we had created a very informative and comprehensive report with all components included. The report was felt to be a good foundation on which to build, with the content important to the population and stakeholders in place with the ability to develop in time. Overall, the Trust report was thought to be a good example.
16. The National Reference Group met in February 2025 to discuss the approaches taken to the Duty of Quality Annual Report and to identify lessons learned. The review document was provided to the reference group on 1 April 2025 (Annex 4).

ASSESSMENT

17. In approaching the Duty of Quality Annual Report 2024-25 we have considered the feedback received and any learning identified from the production of the Duty of Quality Annual Report 2023-24.

18. The first section of the report sets out our quality management system and how we approach quality across the organisation as well as reflecting on our progress against our intentions for 2024-25 (reported in section 3 of the 2023-24 report).
19. The Quality Management content includes the NHS Executive definitions of the four quadrants of the Quality Management System.
20. The second section sets out evidence of our endeavours to improve quality of services across the 12 Health and Care Quality standards. The initial content of the Health & Care Quality Standards self-assessment has helped to inform the framing of the content for this year's report.
21. Finally, we have set out our intentions for 2024-25.
22. We have continued to use simple language that would be easily understood by all of our population as well as stakeholders. We have included a blend of stories and metrics and aligned the content with our Integrated Medium-Term Plan (IMTP) and annual filings including the Performance Report.
23. Whilst the Duty of Candour will be aligned with the Putting Things Right report due for publication in October, we have continued to include content aligned with this activity as it helps us hear our citizen's voice and produces opportunities to learn and drive improvement.
24. Feedback from our Partnership & Engagement team indicates that reports published on our website need to be generated in a platform that includes accessibility functions. Our last report was generated in Powerpoint and published in PDF format (in line with a number of other publications in the organisation) this is not suitable for this year's report. (Annex 2 is available both as a word export of the sway document and as a sway visual link)
25. As a result, whilst the initial draft followed the same structure the publication has now been translated on the Sway platform to support accessibility tools for publication, as recommended by our Partnership & Engagement Team.
26. Last year we endeavoured to create a concise video summary to augment the written document however, the capability and capacity within the organisation impacted on the ability to achieve this within appropriate timeframes and, whilst external support was procured as part of end of year discretionary funding to ensure we delivered on this commitment, recurrent funding has not been achieved to support this as an ongoing element of the annual reporting.
27. Following benchmarking with other NHS Wales organisations that approval route for the report has been amended slightly. The guidance agreed by the Director of Corporate Governance is that the Duty of Quality Annual Report

would not be included in approvals through Audit Committee, instead it will receive endorsement from the Quality, Patient Experience & Safety Committee (QuEst) only. All other approvals have remained the same as last year's report and are included in the Executive Summary.

28. Feedback has been provided throughout the approval process.

RECOMMENDATION: That the Trust Board approve the Duty of Quality Annual Report 2024/25 for publication.



Duty of Quality Annual Report 2024-2025

1. Foreword
2. Quality Management
3. Quality Assurance
4. Listening to our Citizens
5. Welsh Language
6. Looking Back at 2024/2025
7. Duty of Candour
8. Learning from Deaths
9. Clinical Audit
10. Our Patient's Story
11. Our People's Story
12. Compliments
13. Health & Care Quality Standards
14. Look Forward 2025/2026



Foreword

We are pleased to present the Welsh Ambulance Services University NHS Trust's Duty of Quality Annual Report for 2024–2025. This report reflects our continued commitment to delivering safe, effective and compassionate care to the people of Wales.

Over the past year, we have taken significant steps to embed the principles of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 into every part of our organisation. From strengthening our clinical leadership and digital infrastructure to deepening our engagement with communities, we have worked to ensure that quality is not just a measure but is embedded as a cultural mindset.

This report highlights the progress we have made, the challenges we have experienced and the lessons we have learned. It also demonstrates how we are listening to the voices of our patients and their families, our people, and our partners to shape services that are more responsive, inclusive, and person-centred. We are acutely aware that there are many individuals and families who have not had the experience we would want them to have; we hope that this report and our approach to the Duty of Candour acknowledges this and gives confidence that we are doing all we can to secure continuous improvement.

We have made significant strides in strengthening our approach to remote clinical assessment and care, integrated care across our own services and with those of Health Boards and enhancing our community-based clinical models. These achievements are a testament to the dedication and professionalism of our workforce, who continue to deliver excellence in the face of growing demand and complexity. They are also critical to securing the confidence of our partners in the wider NHS and Welsh Government for the strategic changes we are implementing during 2026.

As we look ahead, we remain focused on transforming our services to meet the evolving needs of our population. We will continue to work collaboratively across the health and care system, guided by our values and driven by a shared ambition: to provide the right care, in the right place, at the right time - every time.

On behalf of the Trust Board, we thank all our staff, volunteers, partners, and communities for their unwavering support and contribution to our shared mission.



Liam Williams

**Executive Director of
Quality & Nursing**



Bethan Evans

**Non-Executive
Director**

Quality Management

The Duty of Quality created through the Health and Social Care (Quality & Engagement) (Wales) Act 2020 defines quality as:

‘Continuously, reliably and sustainably meeting the needs of the population we serve’

This includes but is not limited to the effectiveness of health services; the safety of health services; and the positive experience of individuals to whom health services are provided.



Quality Control	Quality Planning	Quality Improvement	Quality Assurance
Daily management to monitor quality and sustain results by creating and maintaining the culture and processes for those closest to the work to take action to keep the system in control, escalating when appropriate.	Planning to improve the quality of services and outcomes for the population, by understanding and prioritizing the needs of citizens and stakeholders. Designing policies, structures, systems and processes to achieve this.	Consistent implementation of strategic and everyday improvements by those closest to the work, using a standardised methodology to test, learn, implement, scale and spread improvements in the quality of services and population outcomes.	Effective structure, systems and standards provide a clear line of sight across the organisation giving assurance both internally, and externally to stakeholders, that the desired improvements to services and population outcomes are being achieved and sustained.

Trust Approach

Our quality governance infrastructure enables all teams to communicate about quality, learning and improvement. The infrastructure is made up of several different groups at all levels with risks, issues and intelligence escalated to our Quality, Patient Experience and Safety Committee, which provides assurance to our Trust Board.

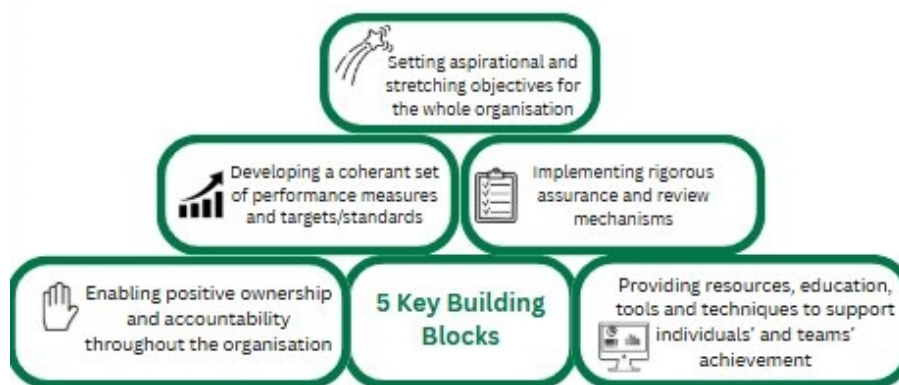
The governance infrastructure is supported by digital tools and systems to help us collaborate, monitor, and report on the services we offer to the population of Wales. By

doing this, we can share quality information and intelligence in a timely manner, identify best practice, risks and/or priorities for improvement.

Quality Framework

Our organisational Quality, Performance and Management Framework provides a quality policy for the organisation setting out the building blocks for continual improvement. Our quality management system is built around these principles and aligns to the guidance set out by Welsh Government.

This year we reviewed our Framework and strengthened the language used to better support our response to the Duty of Quality and to refer to the 12 Health and Care Quality Standards which help us to guide and measure quality across the services we provide.



Our website includes information on our services, our committees and our Trust Board. You can also find documents and papers that have been discussed and the decisions we have taken over the last year. There is also a section dedicated to our response to the Duty of Quality: Welsh Ambulance Services University NHS Trust

Quality Assurance - Audit and Inspection



The Trust develops an annual internal audit plan with internal auditors to provide a flow of assurance on our system of internal control to the Trust Board. The plan is agreed with the Audit, Risk and Assurance Committee and the Executive Leadership Team and is focused on areas of significant risk and local improvement priorities.

In 2024-25, we completed 20 internal audits across a range of subjects from data quality to energy management. Whilst the majority of audits received during 2024-25 provided reasonable assurance or above, the two audits below identified limited assurance. Two further audits are expected to be received by the Trust in June 2025 and learning from these will be included in our 2025-26 report.

Vehicle Accident Management

The purpose of the audit was to evaluate how accidents involving Trust vehicles are managed and to identify the steps taken to reduce their frequency. Areas for improvement included developing formal guidance and checklists for consistent investigations and ensuring evidence of third-party damage is collected. The implementation of actions to address these findings will be monitored by the Finance and Performance Committee.

Resourcing Policy

The purpose of this audit was to review the Trust's Resourcing Policy, ensure it aligns with national standards, and evaluate how well it supports efficient resource management. Whilst the audit acknowledged governance and assurance activity, improvements were required in some areas, including the inconsistent application of the policy and the review and reporting of Working Time Directive breaches. The implementation of actions to address these findings will be monitored by the People and Culture Committee.

Inspection

Last year we told you about a 'Review of Patient Flow – A Journey Through the Stroke Pathway' report published by Health Inspectorate Wales (HIW) in 2023-24. We explained that our actions to meet these recommendations would be monitored by our Quality, Patient Experience and Safety Committee. The last of these actions were completed in March 2025. We received no HIW reports during 2024-25.

External Audit (Audit Wales)

Audit Wales undertook a review of our Quality Governance in 2022 and identified that improvements were required to ensure the Trust was fully informed on issues related to quality and safety. In 2024 a follow-up audit was completed to assess our progress in addressing the recommendations, as well as to consider the assurance provided to the Trust Board on steps taken to respond to the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 (the Act).

In the overall findings, it stated: “the Trust has made some improvements to its quality governance structures, including responding to the duties of quality and candour. However, there is scope for further improvements in some areas to strengthen assurance relating to the quality and safety of its services.”

As a result of these findings, we reviewed our actions across not only the outstanding recommendations from the previous audit but also any new recommendations related to our response to ‘the Act’. These updated actions will be monitored by our Quality, Patient Experience and Safety Committee.

Joint Escalation and Intervention Arrangements

The Cabinet Secretary for Health and Social Care determines the escalation status of NHS bodies. This is based on an evaluation by Health Inspectorate Wales, Audit Wales and Welsh Government. We were advised in March 2025 that following the most recent assessment, the Trust remained in an unchanged position of ‘routine arrangements’.

Listening to our Citizens

We are focused on ensuring people have as positive an experience as possible. Our Patient Experience and Community Involvement Team (PECI) is responsible for capturing and sharing experience information and intelligence across the organisation to provide a better understanding of how our services affect and impact the people of Wales.

People’s experience and feedback are essential components of our quality indicators helping us to monitor the quality of our service. PECI uses a variety of methods to capture experiences including:

- Face-to-face engagement
- Experience surveys
- Patient stories
- A ‘Have your Say’ online facility

People's experiences are influenced by the many interactions they have with our staff, their expectations, and their first and lasting impressions.

People's experience is defined by what it feels like to access and receive care from WAST, it is based on people's own perceptions of the care and treatment received.



1 - PEGI Engagement Activity 2024/25

Engagement Activity over the Year

The team has continued to engage the public across Wales to listen and capture their experiences, although the number of face-to-face engagement opportunities reduced this year. This is because some of our team were absent due to ill health which impacted on our physical ability to hold sessions. We have also focused some of our team on improving our systems to allow service users to feedback to us. This work was required as part of our preparation for the People's Experience Framework which was launched across NHS Wales from 1st April 2025.

We have used each engagement as an opportunity to listen to people's feedback and ask them to tell us what matters most to them if they should ever feel they need to use our service.

Data from the events has been used as part of our experience reporting.

People and Community Network

We've been focusing on growing the network. Plans have been made to grow the network with a focus on:

- Age
- Geographic location
- Diversity, equity and inclusion
- Welsh language

Looking ahead, our action plan has been drafted to include engaging with young people in formal and informal education and using population health data to highlight key geographic areas across Wales.

People and Community Voice Group

Members of the People and Community Network can opt to be part of the Trust's People and Community Voice Group.

The group has undertaken an annual effectiveness review to ensure there is a clear vision of reflection, learning and improvement to capture the Trust's aim of meaningful engagement as set out by the Trust's strategic goals.

We have identified actions to ensure these meetings provide the most value for network members and the Trust.

Members have participated in a readers panel to co-draft a public information bereavement leaflet to provide helpful information and guidance to families to help them understand and make sense of what will happen following an unexpected loss.

Network members have also taken part in a Service User Experience review of the NHS 111 Wales website. They completed four short tasks looking at its use, ease of navigation and information contained within the website. Results were used to inform the overhaul of the public information website.

Welsh Language

Our Welsh Language Policy describes the steps the Trust will take to:

- Foster a bilingual ethos within the organisation
- Provide guidance on compliance with the Welsh Language Standards
- Implement Welsh Government's 'Mwy na geiriau/More Than Just Words' action plan in delivering the active offer for Welsh language services to our service users.

To further improve our compliance with the Welsh Language Standards, a baseline was developed and approved by the Trust's People and Culture Committee.



Rhwyd-iaith

Our new Welsh Language network 'Rhwyd-iaith' has been set up to support our Welsh speaking staff and those learning Welsh. By joining Rhwyd-iaith, they can increase their confidence in using their Welsh skills, make useful contacts with colleagues and have

access to useful resources. The network was promoted during the Chief Executive's Roadshows in April 2025.



2 - Rhwyd-iaith/Welsh Language Network

Welsh Language Awareness Training

As part of our focus to create a cultural change that normalises the use of Welsh language within our organisation, we have committed to further promoting the mandatory Welsh language awareness course. Throughout 2024-25, we have seen increasing numbers of staff completing the course.



3 - Welsh Language Awareness Training Compliance 2024-25

Clinical Improvement

Ongoing collaborative work with colleagues in PEGI, the Welsh Language Lead and service users has enabled a review of the non-conveyance form. This form is completed for every patient who receives a face-to-face assessment by our clinicians but not conveyed to hospital. The completed form is left with the patient, a relative or carer to refer to once we have left the patient's side. The Welsh Language Lead and their team has worked proactively providing strategic direction and advice on this initiative to provide a revised form for Welsh language users which is scheduled for release in 2025 in alignment with the publication of the non-conveyance policy.

Wider Communities

Whilst we are committed to providing an offer in Welsh, we are also aware of the diversity of our communities and the desire to offer services that allow users to communicate with us effectively, particularly in an emergency.

As an organisation all staff have access to live interpreting services from Language Line Solutions® which offers remote on demand interpreting services in more than 240 languages, 24 hours a day, 365 days a year.

We also have arrangements in place with NHS England for British Sign Language service users to call 999 and 111.

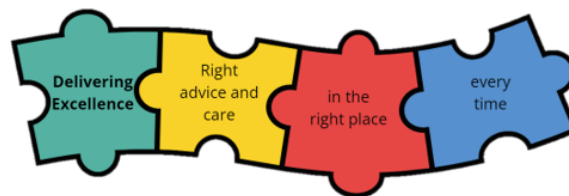
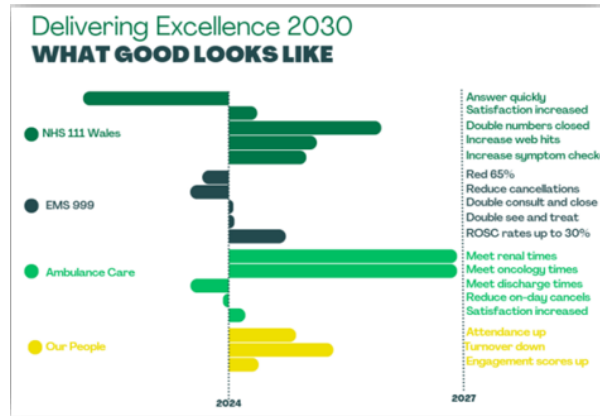
The Wales Interpretation and Translation Service (WITS) provides in-person interpreters for events and can provide written translations for patient information such as leaflets.



Looking Back at 2024-25

Our Long-Term Strategic Framework for 2030, 'Delivering Excellence', set out our ambition to move from being a traditional ambulance and transport service to being a trusted provider of out-of-hospital high quality care. We know that too many patients continue to come to harm, have poor experiences of care, and have difficulties in navigating our complex health and care system meaning they don't always get the right care or advice in the right place at the right time.

In our Duty of Quality Annual Report for 2023-24, we told you about the pressing requirement to change the way in which we meet our patient's needs. Over the last 12 months, staff from across the organisation have come together with our commissioners to create an integrated clinical service model, which sees our 999, NHS 111 Wales and Ambulance Care services all contributing to the transformation of care.



We have started the work to implement this evolved model, including introducing new senior Clinical Navigator roles in our contact centres to strengthen our clinical leadership and decision-making in this environment. We have also begun to connect systems and processes across all of our services so that patients receive the right care regardless of whether they contact us through our digital platforms, ring 111 or call 999.

As an organisation, we can identify improvements within our own practices to lessen the risk of patient harm but alone we can't resolve the wider system challenges. We have been collaborating with Health Boards and the Six Goals programme to transform our services and reduce the risk to our patients.

We know that supporting and enabling our people is fundamental to delivering on service improvement and we have continued to focus on doing everything in our gift to improve our people's workplace experience, enabling them to be the best they can be..

2024-25: What's Happened Since Our Last Report

Clinical Response Model

We committed to targeting our time to develop and agree a new clinical services model that will provide our patients with the right advice and care, in the right place, every time and reducing harm. This update tells you about some of the changes we have been making as part of this commitment



Clinically Led Dispatch Decision Making

Last year, we told you about our intention to develop clinically led dispatch decision-making as part of our transformation from a response model to a clinical service model. The intention of this change was to ensure we use our responding resources efficiently and effectively. In December 2024, we began to introduce Rapid Clinical Screening to our 999 environment, initially focused on low acuity calls we gradually expanded the initiative through winter months until we introduced this service for higher acuity patients in February 2025. This allowed us to prioritise our responding resources more effectively for our most seriously ill patients whilst reducing the harm for patients who may previously have waited long periods of time for a face-to-face response.

Digital Expansion

In our 2023-24 Duty of Quality Annual Report, we told you that we would explore how we can enhance and develop our digital services for NHS 111 Wales. We listened to the feedback of your experiences and know that our current digital health platform is not fit for purpose, has limited engagement, an outdated design and content and insufficient functionality. We are working to change that, but we know it can't happen overnight and are taking a phased approach to achieve our goals, address immediate needs and lay the groundwork for long-term improvements.

As part of phase one, we are introducing a pilot initiative for a virtual assistant on our NHS 111 Wales website to help you easily access advice to common enquiries. The virtual assistant is currently being tested for real-world feedback so that we can be assured it provides our service users with easy access to accurate information and advice.



On Scene Community Urgent Response Service

The 2023-24 report explained that we intended to explore how we can use our highly skilled clinicians such as Advanced Paramedic Practitioners to better support our patients at home.

Through 2024-25 we have made significant progress in strengthening our urgent community response capabilities. We have introduced Senior Advanced Paramedic Practitioners who provide enhanced clinical leadership and supervision.

We have also embedded our rotational APP model within both primary care and palliative care settings, in partnership with our Health Boards, allowing our clinicians to gain skill and experience in community settings as well as supporting our vision of reducing conveyance to Emergency Departments where patients can be managed safely at home.

Health Transport

In our last report, we committed to work with commissioners to agree a strategic vision for the future of health transport ensuring that we understand the demands for our services, our commissioning arrangements and the capacity we require to deliver these effectively.

We have undertaken work to understand what health transport is, ensuring that regardless of how you access our service, if health transport is the most appropriate outcome for you it can be accessed. We have developed delivery plans for how we will make these changes including how we can link our systems to make processes more efficient.



Remote Integrated Care

Remote Integrated Care

During the first quarter of 2024-25, we introduced a new Clinical Assessment Software system to our NHS 111 Wales service. This involved linking three distinct pieces of software through collaborative work with existing system suppliers, re-engineering and clinically reassuring existing systems and content and creating an up-to-date resilient infrastructure that will allow us to integrate effectively across our services and with urgent primary care providers to develop a more seamless experience for our service users. This development of a Remote Integrated Care Service has brought our Clinical Support Desk and NHS 111 Wales teams together and has enabled us to work closely with health board remote clinical hubs to deliver a whole system approach to patient care.

Call Prioritisation Streaming

A group of expert clinicians and users collaborated with an experienced clinical decision support system provider to develop the Call Prioritisation Streaming System (CPSS) for use in our NHS 111 Wales contact centres. Our existing system which had been in operation for over 20 years was used as the basis to develop an updated, assured, safe and modern system. Each protocol underwent a detailed review and external peer reviewers also checked the protocols to ensure they were accurate and safe.

Using LowCode™ software to support the system provided a robust auditable system to ensure quality assurance and learning improvements across our NHS 111 Wales service.

The new system was tested by end users to provide assurance of functionality, and it was then adopted by the International Academies of Emergency Dispatch (IAED) who provided additional support and validation.

Since its introduction, the CPSS system has managed over 530,000 cases and has proven to be an efficient and safe system helping to direct patients to the right services.



Emergency Communication Nurse System

The IAED Emergency Communication Nurse System (ECNS) is a comprehensive clinician triage system supporting our remote clinicians to undertake a symptom-based clinical assessment to best determine the recommended care level for our patients. Based on the information provided and the clinical judgement of our registered clinicians outcomes can range from sending a face-to-face response in the form of an ambulance (either now or later) to self-care instructions, with many referral pathways in between.

This system was already in place within our Clinical Support Desk environment. By introducing it to our NHS 111 Wales teams, we have created a system which allows our remote clinicians to work closer together. Like CPSS, this system provides a robust, auditable tool to provide quality assurance and opportunities for learning.

Expanding our Clinical Workforce

Last year, we told you about our intentions to expand our clinical workforce for remote clinical decision-making. In 2024-25, we expanded the role of clinical specialists in our contact centres by introducing Clinical Navigators to screen 999 calls as well as enhancing remote integrated care with additional professional roles such as respiratory, paediatric and mental health specialists. These posts not only provide a clinical 'safety net' for patients but also support our commitment to bring your care closer to home.



Connected Support Cymru

SBRI Centre of Excellence

In our 2023-24 Duty of Quality Annual Report, we told you about our partnership with the Small Business Research Initiative Centre of Excellence, inviting industry and academic partners to develop innovative solutions to change the way we deliver emergency care. Our challenge was to seek to use digital technology to enable the Trust to provide care to patients in their own home, in a community setting, or allow

integration into Health Board services. This collaboration led to the introduction of remote monitoring technologies through Luscii virtual ward solutions.



Luscii Virtual Ward Solutions

LUSCII is digital health software that has been introduced to enable the remote monitoring of patients accessing 999. The platform is designed to enhance remote clinical decision-making and improve patient care enabling our integrated care teams to undertake clinical assessment and monitoring, helping inform clinical decision-making and identifying suitable patients for referral into community-based teams enabling patients to get the right care, in the right place, every time.

The remote monitoring technology includes a managed iPad, monitoring equipment and a clinical dashboard to flag deterioration in patient conditions. An initiative was initially implemented across care homes in north Wales who were provided with Luscii equipment, providing our remote integrated care clinicians with a patient's observations to monitor their condition through real-time data. We have since expanded to include care homes without Luscii equipment and patients in our communities who access the application via personal devices to enable remote observation sharing. For patients in our communities who don't have access to personal devices, our volunteer Community Welfare Responders support them by collecting and inputting data.

Early findings show that this initiative has enabled care closer to home, improved clinical decision-making, and positively impacted patient outcomes. Many patients were managed effectively within their community settings through the involvement of GPs, community teams and advanced practitioners, avoiding unnecessary hospital visits.

Work is now continuing as part of our Care Planning approach with a final evaluation report expected to be shared with Welsh Government in March 2026.



Community Welfare Responders (CWRs)

Last year, we told you about the introduction of a new volunteer role within WAST. Community Welfare Responders (CWRs) act as the ‘eyes and ears’ of Integrated Care Clinicians, supporting the assessment of a patient’s condition. CWRs provide essential information to enable access to the appropriate onward pathway or recognise the clinical need for ambulance intervention or response.

CWRs play a fundamental role in providing welfare support and in-person connection for patients accessing our services providing reassurance, supporting hydration and nutrition, and enabling comfort for patients.

The CWR role strengthens community connections, allowing neighbours to support patients in their time of need. WAST has received funding from NHS Charities Together to support the recruitment of CWRs and aims to recruit 400 volunteers by winter 2025-26.



What we planned for 2024/25

Citizens Voice

Last year, we told you that we wanted to understand the experience of the public, patients, their carers and families and how they experience the services provided by the Trust.

Over the last 12 months, we have installed QR codes in our Ambulance Care vehicles so that you can easily access feedback platforms and surveys. We also added dementia-specific codes to a select number of our vehicles in Ceredigion, Wrexham and Cardiff and Vale.

Having seen the positive effect this can have on the volume of valuable feedback we have received from our service users, we will be launching general experience QR codes to a number of our emergency ambulance vehicles in the spring of 2025.

Podcast

In our 2023/24 report, we explained how we were researching opportunities for presenting extended patient experience stories. Developing a Patient Stories podcast would be an effective way of expanding the scope of our patient storytelling, and we have identified a suitable story with appropriate patient consent. Our Patient Experience and Community Involvement team is currently undergoing training in podcast production and techniques, prior to producing its first podcast.

Patient Stories

In our last report, we committed to launching a dedicated Patient Stories page for our people. The Patient Stories page is now live on the WAST Learning Launchpad. We are also re-writing and updating the Patient Stories page on the public-facing WAST website. Capturing and listening to patient stories helps us to understand how our patients experience care, what we are doing well and what we could be doing better. Launching a dedicated page helps us to share these experiences with all of our people, helping them to understand the impacts of the care they provide and how making changes can positively impact on our patients experiences.

Safety Culture

The Duty of Quality Annual Report for 2023-24 described how our Manual Handling advisor was undertaking an investigation into manual handling incidents over a three-year period to produce an improvement plan. As a result of this work, a number of workstreams have been identified to improve the health and safety of our people. These include:

- Training in the use of Lucas device to apply the latest clinical evidence for their use.
- Assessing the introduction of the motorised Furno Chairs to minimise the manual handling injuries for all our frontline staff
- Undertaking a refresh of the Manual Handling Group to assess the use of existing and new equipment for use within the Trust
- Supporting improvements for complex case risk assessments for patients transferred by both our emergency and non-emergency responders.

A diesel fume mitigation project has implemented a more efficient method to keep our people and patients at a comfortable temperature within emergency vehicles when delayed at Emergency Departments. We have worked with all Health Boards across Wales to install infrastructure to implement the use of bladeless fans to regulate the temperature in our ambulances without needing to have the engine running, significantly improving air quality for our people, our patients and health board staff.

Non-Emergency Patient Transport

Last year, we told you we were reviewing our booking process to positively impact our overall capacity to provide transport for those patients with a medical need. Guidance issued from Welsh Government in 2007 set out the criteria for eligibility for Non-Emergency Patient Transport provision and defined 'medical need' of a patient for transport. This guidance is the basis of our Patient Needs Assessment (PNA), a set of questions we ask our patients when booking non-emergency transport. This year we have undertaken a trial to 'Fast Track' patients who have travelled with us recently (within 30 days) and are frequent users of our service. The intention is to improve our capacity to answer calls for new service users by reducing the length of time our call handlers spend completing a PNA when patient details have been recorded previously. We have also identified learning through our quality assurance processes where the PNA has not been accurately applied, leading to inappropriate allocation of resources for patients who did not meet the eligibility criteria. This learning has led to updates in our PNA processes to improve accuracy in the information recorded.

What we planned for 2024-25 in EMS Coordination

In last year's report, we told you about our plans to invest in a range of transformation workstreams, initially identified in the 2019 Demand and Capacity Review, designed to enhance the stability of the service, improve the experience of our people and deliver a range of efficiency improvements. Our teams have worked hard to deliver these changes to provide a structure and environment that will support our aim to deliver our

target culture, and importantly, improve the experience of our colleagues working within the EMSC environment.

Enhanced Management and Career Structure

Having heard the feedback from our people working in EMS Coordination, we understood their concerns about the opportunities for career development. In June 2024, we began a collaborative process, working with our people and Trade Union partners, to review the management and career structure. The purpose of this initiative was to offer our people a long and progressive career, as well as developing future leaders for tomorrow, and to bring our structures in line with the changing face of 999 demand in Wales.

Our teams were given the opportunity to co-produce the revised structure through verbal and written feedback as well as through engagement sessions held via digital communication platforms. Job descriptions were reviewed with our people and a number of new roles were created to provide a supportive career structure and more appropriate role alignment that recognised the evolving innovative digital environment in which our EMS Coordination teams work.

Single Allocator Model

To ensure we are using the capability and capacity of our skilled dispatch teams efficiently and effectively following investment in digital technology and innovative system designs, we reviewed the way in which our people work. This change was informed by intelligence from our demand and capacity reviews which included benchmarking ourselves against other UK ambulance services. The new process was trialled across all our EMS Coordination centres on a number of occasions prior to implementation to allow our people to experience the new way of working and provide feedback to inform learning and development.

Roster Review

As a result of the transformative changes implemented, in both the structure of our teams and the way in which they work, we worked with our people to review our roster arrangements to ensure we were efficient and effective. Working collaboratively with our people and Trade Union partners our rosters were co-designed by the teams that work them, based on design principles informed by our data and intelligence. Our people were then given the opportunity to vote on a range of rosters that met both the needs of our people and the needs of the organisation. Following a transparent and thorough selection process, the new rosters were implemented from November 2024.

Dispatch Boundaries

As part of our transformation journey in EMS Coordination centres a review of how we balanced the management of EMS resources across our dispatch areas. Historically dispatch areas have been aligned with our health board areas but this led to an inequity

in the number of resources each Response Coordinator was expected to manage as well as a wide variation in the number of incidents managed.

We know that our ambulance stations are placed in areas where we are likely to see demand however we are also aware that as our demand grows our EMS resources spend less time at station. Following modelling completed as part of demand and capacity reviews, we realigned our dispatch boundaries to the receiving hospitals our resources are likely to attend.

These changes created better equity in the number of incidents and resources managed by each Response Coordinator and also increased the visibility of the most appropriate incidents for allocation based on the location of the resource rather than the station at which they are based.

Estate Investment

Next steps for our transformation journey is to review the estate in which our teams work with investment already underway for our centres in north Wales and west Wales creating an environment which not only meets the wellbeing needs of our people but allows us the space to work better together and grow our teams to address the needs of the future.

Duty of Candour

The Duty of Candour is a legal requirement for all NHS organisations in Wales to be open and transparent with service users when they experience harm. The Duty of Candour applies if the care we provide has, or may have, contributed to unexpected or unintended moderate or severe harm, or death.



The Trust's Patient Safety Team attempt to make contact with every patient or their loved ones where the Duty of Candour is triggered, offering an individualised apology and support during the investigation process.

Team members are committed to ensuring that each contact provides meaningful and compassionate engagement with the person affected.



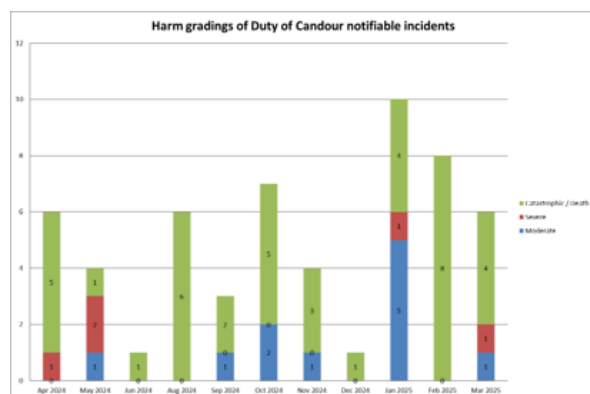
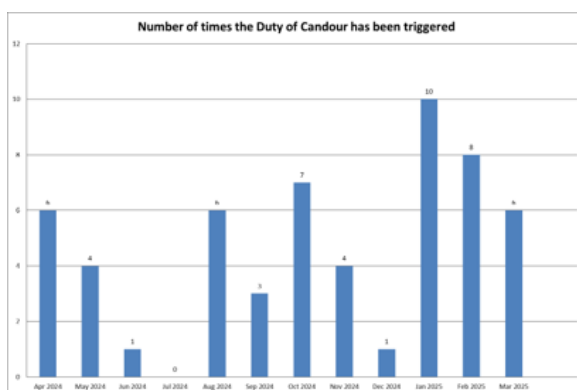
Building our culture of candour

While the Trust's Patient Safety Team lead on enacting and monitoring the implementation of the Duty of Candour, all Trust staff should understand their responsibilities. A dedicated training module has been launched on the Trust's electronic learning platform and the education package is now part of mandatory training requirements for all staff.

Notifiable Incidents

The Trust identified 56 instances during the last year that required us to enact the Duty of Candour. This is 10 additional cases than during the previous year. These cases originated from a range of sources including patient safety incidents reported by staff, complaints raised by members of the public and referrals sent to the Trust from the Medical Examiner Service.

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Consistent response and application

Due to investment in the Patient Safety Team, we have been able to dedicate greater effort into using a national electronic clinical database (Welsh Clinical Portal) to improve our understanding of patient outcomes. This means we have improved our ability to identify instances where moderate harm (for example an extended length of hospital stay or additional treatments) may be linked to actions or inactions in the care we have provided.

The Duty of Candour is an integral part of our Adverse Event Policy and procedures. The Trust's multi-professional Serious Case Incident Forum reviews all cases where the Duty of Candour may need to be undertaken, providing consistent decision-making about enactment and ensuring staff feel sufficiently supported and prepared when reaching out to affected service users or their families.

The impact and importance of candour

The Trust has reflected deeply on the principles of candour and openness following the publication this year of two Public Interest reports by the Public Service Ombudsman for Wales. While the statutory Duty of Candour was not in place at the time of those cases, delays with information sharing or a lack of completeness in investigations compounded the poor experience and lack of trust experienced by the families involved. The monitoring and oversight associated with the statutory implementation of the Duty of Candour offers safeguards for future families that we will follow through on our commitment to supporting all service users or families affected by health care harm.

Monitoring arrangements

Transferrable learning from experiences shared by families bereaved by COVID-19, recommendations of the Hillsborough disaster report, the Infected Blood Inquiry and the Thirlwall Inquiry all inform our robust approach to organisational oversight of the Duty of Candour. We recognise the need for adequate systems and senior level accountability for monitoring its application and supporting organisational learning following patient safety events. Our Putting Things Right Report is presented and

discussed at the Quality, Patient Experience and Safety Committee on a quarterly basis and includes details on our enactment of the Duty of Candour and of how the Trust learns effectively from adverse events and feedback.

Learning from Deaths



Learning from Deaths Forum

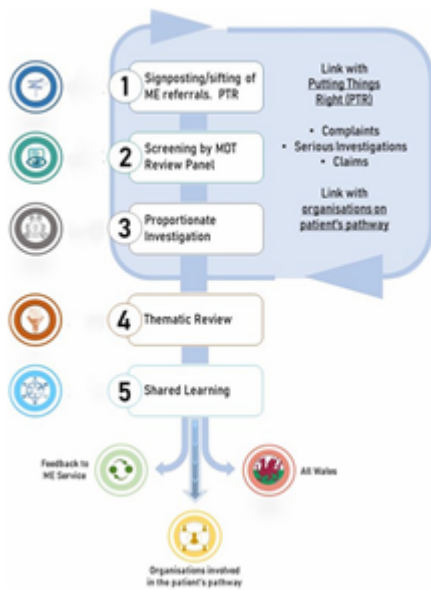
Learning from Deaths is broad and includes capturing good practice, improvement opportunities, any patterns, themes and trends including early warning signals, whilst considering potential inequalities in access to care or experience.

The Trust's Learning from Deaths Forum continues to develop its work programme, encompassing mortality learning from across the organisation, coronial work, clinical audit, patient experience and concerns management (complaints, incidents and claims). The Forum has a clear remit to drive increased access, visibility and triangulation of mortality intelligence through digital and data insights.

The Learning from Deaths Forum also oversees external learning sources from Prevention of Future Death reporting, National Clinical Audit, National Learning Reports and National Inquiries. Our twice yearly Learning from Deaths Report is publicly available on our website as part of reporting to the Trust's Quality, Patient Experience and Safety Committee

Mortality Reviews

Following the publication in May 2024 of the All-Wales Learning from Mortality Reviews Model Framework (Second Edition), the Trust has established an effective clinical governance structure to discharge all 5 levels of the Framework.



Level 1
WAST Medical Examiner Triage Signposting and sifting referrals
Level 2
WAST Medical Examiner Learning Panel MDT Review Panel
Level 3
Pre-existing WAST investigation processes Proportionate investigation
Levels 4 and 5
WAST Learning from Deaths Forum Thematic Review and Shared Learning

Medical Examiner Service Referrals

The Trust received 464 referrals from the Medical Examiner during 2024-25. 76 cases were assessed as requiring further investigation

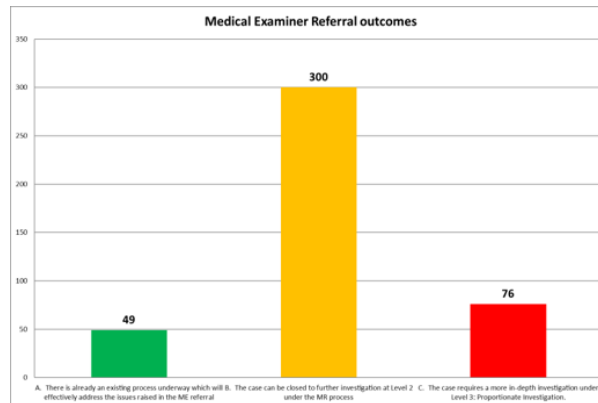
Thematic learning

Learning themes include:

- Patients who experience a fall are left on the floor for a long time before help arrives. This can lead to further health issues, including reduced mobility and strength.
- Possible opportunities for alternative care pathways and avoiding conveyance to hospital, particularly outside of normal working hours.
- Absence of advanced care planning and end-of-life care packages, education and preparation.
- Number of patients opting to self-convey because of long Estimated Time of Arrivals (ETAs).
- Disproportionate impact on older people.
- Very poor patient and family experiences, predominately due to delays in responding in the community because of system demands and pressure at Emergency Departments. Some cases demonstrate the intensely distressing nature of the situations families find themselves in as they are waiting.

Positive feedback has been received from the Medical Examiner Service regarding the quality and comprehensiveness of ePCR (electronic Patient Care Record) completion and the holistic nature of assessments at scene.

Learning disability and neurodevelopmental data is now being collected on WAST ePCRs. This is an essential step in expanding our data capture and awareness of possible interplay between potential vulnerabilities and mortality and responds to last year's report 'An Overview of Mortality Amongst People with a Learning Disability in Wales, 2012-2022'.



Clinical Audit

Clinical Audit Programme

NHS Wales has set out a programme of national clinical audits. These are a series of measurements against an evidence-based standard. A patient must have been diagnosed with a specific condition to be able to undertake an audit. Whilst ambulance data from our clinical record is available to feed into the national audit information, the range of diagnostic tests available to ambulance clinicians are limited. As a result, WAST has developed a separate programme of clinical audits and clinical indicators that enable us to measure audit compliance against a range of clinical conditions. The Clinical Audit Plan is approved by our Quality, Patient Experience and Safety Committee, which monitors progress on a quarterly basis. We regularly monitor clinical indicators and audit outcomes to identify clinical improvement initiatives.

Audits completed include:

- Follow up audit on Clinical Frailty Scale in patients ≥ 65 years
- Older fallers discharged at scene- ePCR clinical data assurance
- Major Trauma Tool audit

- ROLE form images in ePCR re-audit
- Drug administration documentation in ePCR

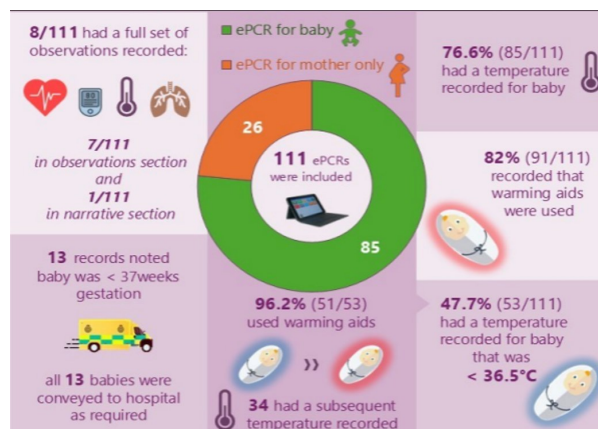
Included in the Trust's 2024-25 Clinical Audit Plan were two audits that supported assurance and improvement initiatives. These were for newborn normothermia monitoring and maintaining in the pre-hospital setting, and Tranexamic Acid (TXA) administration.

Newborn Normothermia

In October 2023, as part of our Maternity and Neonatal Safety Programme, we introduced new equipment onto every emergency vehicle to enable our staff to measure and maintain the temperature of a newborn baby.

The audit identified 76.6% compliance with documenting the baby's temperature of these babies 47.7% had a low temperature (<36.5°C) and 96.2% of these received support from the use of warming aids.

One area for learning identified through this audit is that in 23.4% of incidents a separate clinical record was not created for the baby, instead information was recorded on the mother's record instead.



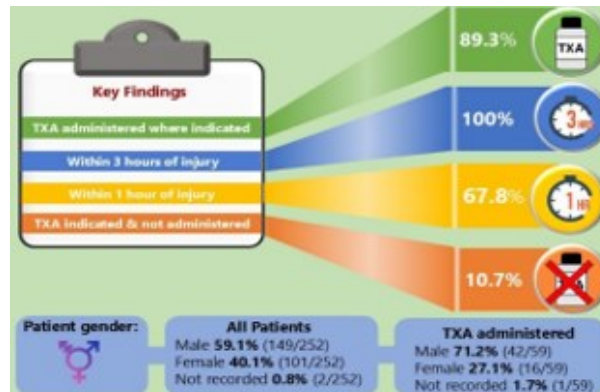
Tranexamic Acid

Since the implementation of the South Wales Trauma Network in September 2020, major trauma patients are being sent to the most appropriate hospital which is not necessarily the nearest. Tranexamic Acid (TXA) is a medication primarily used to treat or prevent excessive bleeding and as such is a key component of the package of care for these types of patient.

The audit was undertaken across the whole Trust and included incidents where TXA was indicated but not administered. The audit identified that compliance with TXA administration was 89.3% and all of these patients received the medication within three

hours of sustaining the injury, with the majority (67.8%) receiving the medication within one hour of injury.

A difference was identified in how TXA was given to male and female patients. Some of this difference can be explained by a higher number of clinically appropriate exceptions in female patients. However, the variation has been recognised as an area where further learning and improvement is needed.



Our Patient's Story



Required Action

1. Redesign process of an unwell child questions.
2. Clinical review/assessment of online symptom checkers.
3. Review education and training of Sepsis within the Trust.
4. Review Putting Things Right letter template and response (especially where a child has died).
5. Record further digital story focusing solely on sepsis awareness for staff
6. From discussion with Corrine Cope
 - a. Improve governance process regarding release of call/s
 - b. Introduce appropriate grief phrases in letters where child has died.
 - c. Deliver training/refreshers session on sepsis /think sepsis/develop public resources/leaflet
 - d. Create Podcast of Dylan's story.



Themes

1. Amendments to Putting Things Right response, letter templates to ensure processes are not put before humanity and compassion and that wording is appropriately sensitive particularly regarding preventable death of a young child.
2. Improvement to triage of children presenting with symptoms (rapid temperature drop/sign of circulatory failure) and the need for call back times from a clinician from NHS 111 Wales.
3. Sepsis awareness improvements for NHS 111 Wales/999 staff.

Dylan's story

Dylan's GP referred him to the Grange University Hospital on 6 December 2022, with a suspected appendicitis. He was discharged and appendicitis was ruled out, but symptoms worsened by 10 December. His father rang NHS 111 Wales and received the recorded message which advised of a possible 45-minute wait. It would be two hours before the call was answered.

NHS 111 Wales call handler failed to record red-flag symptoms, giving the family false reassurance they could wait for a clinician to call back. His symptoms worsened and he was taken back to A&E. He was transferred by ambulance to University Hospital Wales with sepsis and died on 14 December.

The family believe Dylan's chances of survival would've been greater had the NHS 111 Wales service not made errors. Letters from WAST and NHS 111 Wales were felt to be impersonal, lacking humanity and failed to acknowledge the catastrophic nature of what happened to Dylan because of the errors and omissions.



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NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust



Progress

- Meetings held with family to progress learning and improvements ensuring close working and clear communication with them throughout every step.
- Demonstration of the new NHS 111 Wales system to Dylan's family.
- New website will support multiple languages, provide tailored triage results, and offer links to the directory of services based on the symptom checker disposition. Changes aim to ensure symptom checkers are fit-for-purpose, compliant with regulations, and provide an improved experience
- Changes to Putting Things Right letters but remaining balanced with regulations.
- This story has been shared with our Quest Committee and Trust Board as part of learning journey



Outcome

1. Assurance and evidence of changes made including: how red flag signs of Sepsis are identified at multiple points.
2. CAS changes made to questioning and escalation for sepsis, meaning it is highly unlikely a case like this could occur again.
3. Changed wording within Putting Things Right response letters.
4. Improved staff understanding of grief/bereaved families
5. Ongoing improvements following conversations with family

Our People's Story



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust



Required Action

1. Continue to progress with WAST Voices and support in network organisational and delivery
2. Explore how best my research project for my Masters can benefit WAST (hoping to focus research on organisational culture).
3. Continue to manage compassionately and be a positive role model for colleagues.



Themes

- Career progression
- People & Culture
- Organisational development
- Compassionate practice and Leadership development

Kayleigh's Story

Kayleigh has demonstrated exceptional leadership, initiative and commitment since joining the Trust in 2014. Over the years, she has held several key roles, including Operational Team Leader and Operations Manager, consistently making a positive, tangible difference in her colleagues' workplace experience. Known for her passion and dedication, Kayleigh is highly respected by her peers, who often speak to her significant contributions and compassionate leadership style. Beyond her formal roles, Kayleigh is deeply committed to diversity and inclusion. As a neurodivergent individual, diagnosed with dyslexia and autism, she has become a powerful advocate for neurodiversity and LGBTQ+ rights within the Trust, volunteering extensively with Space Careers UK and championing roles that support underrepresented communities. Her advocacy work has earned her numerous awards, highlighting her unwavering commitment to creating an inclusive and positive work environment. Kayleigh's leadership journey is also distinguished by her involvement as a Planet Champion at McDonald's, her contributions to the London Olympics and her service as an adult leader for St John Ambulance. In response to facing challenges, including instances of homophobia, misogyny and harassment, Kayleigh channelled her energy into constructive activism. She became co-chair of the WAST Voices Network, where she supports colleagues and advocates for positive cultural change across the organisation.



Next Steps

My next biggest goal is to find something that I want to play a real part in changing within WAST – this is likely to be related to people and organisational culture.

Focus my time and energy into understanding bullying and harmful cultures that may be within my team and wider teams and try to understand how I can help be a part of influencing and changing that.

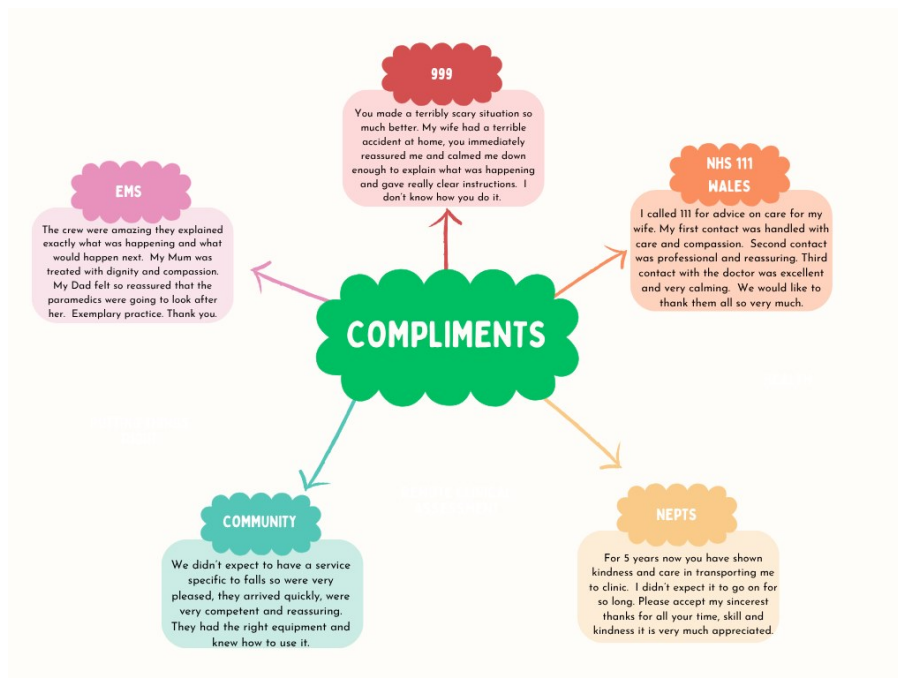
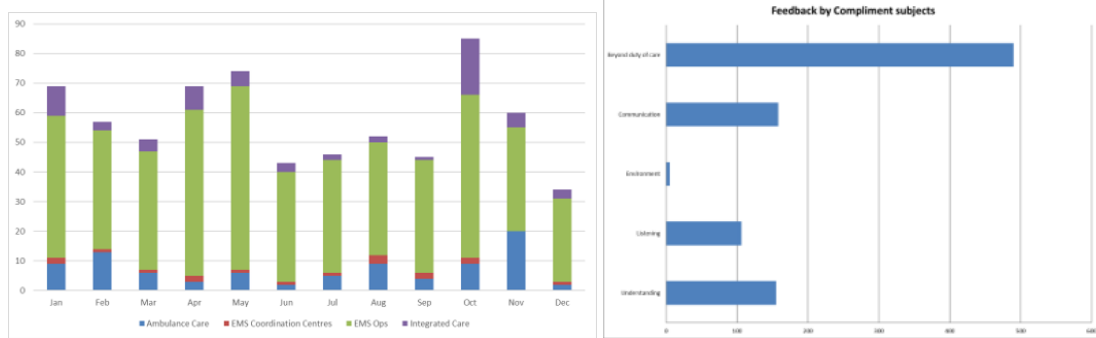
Continue to build my learning and experience to ensure I can be a well rounded manager of the future – I would like to move into more strategic roles that are focused on culture and the people of our organisation.

Continue with my role in operations and learn to use my passion here.

Continue to network and make noise in the right places.

Compliments

It is important for us to know when something has worked well. This information could assist us in sharing good practice and improving services and is also great for our teams to hear. There will of course be a significant number of compliments that our teams receive on a daily basis which are not necessarily captured in our systems.



Health and Care Quality Standards



The 12 Health and Care Quality Standards help us to understand what good quality means and how we can apply it in practice.

They provide a guide to measure quality across the services we provide to the population and our stakeholders, helping us to plan, make decisions, deliver and monitor quality.

Leadership



Visible Leadership

Over the last 12 months, members of the Trust Board have undertaken 68 visits to our ambulance stations and corporate buildings as part of engagement events, individual visits and observational ride-outs, which is less than the 104 visits last year.

However, they have also provided 131 visits through Roadshows and Awards events which is an increase from the 79 visits last year, as well as 24 hospital visits.



Our WAST Way

At WAST, we know that compassionate, inclusive, and collaborative leadership is more than a set of ideals, it is grounded in research that consistently links this leadership approach to better patient outcomes and high performing teams. Over the last 12 months, we have continued our journey to establish a comprehensive framework for targeted leadership development around three core principles:

- Care: Supporting others, understanding their challenges and looking after personal wellbeing to perform at our best.
- Connect: Strengthening collaboration, communicating purpose, leading through change and inspiring others to deliver results.
- Valuing Everyone: Building an inclusive, respectful culture where diverse perspectives are sought, heard and acted upon.

Our WAST Way places emphasis not on the technical skills of a leader's role, but on how they lead and interact with others. By promoting clear and consistent leadership behaviours, Our WAST Way will transform WAST into an organisation where people are inspired to work, grow, and lead.

Committee Effectiveness

Annual effectiveness reviews are designed to evaluate the efficacy of our committees, review their operating arrangements and propose changes to improve the support,

challenge, scrutiny and oversight responsibilities. In April 2024, our Audit, Risk and Assurance Committee (ARAC) agreed a different approach to undertaking effectiveness reviews to garner further engagement of members. The new approach includes discussions on the delegated remit of the committee and its assurance reporting and an interactive committee session on best practice and improvement that could be made.

Our Quality, Patient Experience and Safety (QuEst) Committee completed their effectiveness review in February 2025 and any proposals for change were considered by ARAC in May 2025.

Health and Wellbeing Plan

We know that ambulance staff are more at risk of mental ill health, suicide and are more likely to attribute work as a contributing factor to their difficulties. We know there are risks associated with supporting people in their most distressing moments and that the expectations and challenges our people face have increased alongside the pressures on health and social care.

This year we published Our Health and Wellbeing plan for 2025-29 which steps out our objectives and actions to enhance colleague health and wellbeing across the Trust. These objectives include a commitment to leadership development which will incorporate wellbeing skills ensuring managers are equipped to support and engage teams effectively.

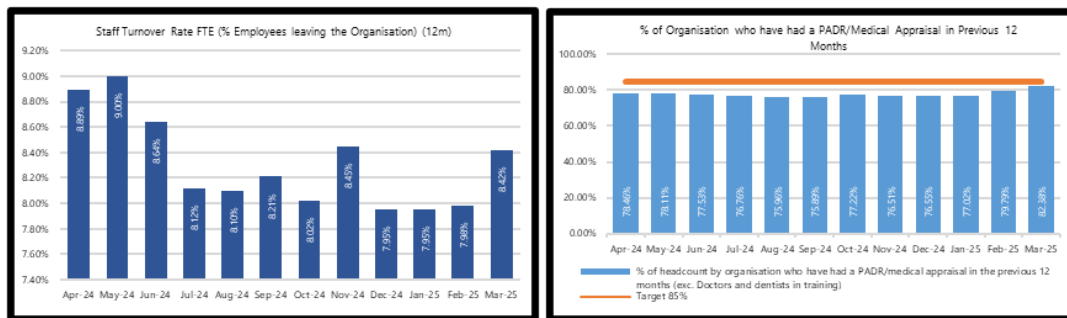
Workforce



Staff Retention

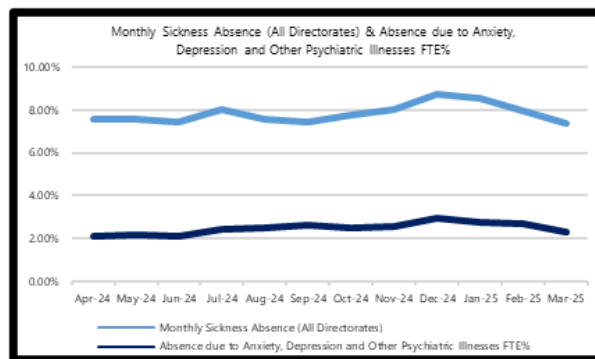
The number of staff leaving the organisation has reduced over the last 12 months to 8.8% in March 2025. However we continue to monitor high levels of staff attrition in the contact centre environments of Integrated Care and EMS Coordination. A pilot initiative for a new type of moving on interview was undertaken in our 111 team (part of

Integrated Care), and initial data highlights that a proportion of those leaving the team move to other roles within the Trust to support career progression or a new challenge.



Personal Appraisal Development Review (PADR)

Our Quality and Performance Monitoring Framework requirements stipulate every member of staff should receive an annual Personal Appraisal Development Review. Engagement in this process serves as a key metric for understanding the cultural health of our teams. Some minimal variation is demonstrated month on month but over the last year, we have not made a significant improvement towards our target of 85%. As you can see from the chart we achieved an average of 79.8% compliance with this target.



Sickness Absence

A key workforce area which impacts our ability to deliver high quality services is sickness absence. This also provides an indicator of our people’s wellbeing. To support our people, there has been an ongoing focus on wellbeing activities across all areas of the Trust. Whilst we continue to see seasonal variation in our sickness absence rates, there has been positive progress made with average monthly sickness during 2024-25 reducing to 7.86% compared to 8.54% in the previous year.

Absence associated with Anxiety/Stress/Depression continues to be a leading factor in sickness absence rates.

Capacity

In 2024, we produced the WAST Strategic Workforce Plan 2024-30 which outlines our workforce challenges and priorities including actions on Welsh language recruitment, creating volunteering opportunities and developing our internal career pathways.

Part of this work has seen the introduction of a new Emergency Ambulance Practitioner role which will positively impact on patient experience and alongside the increased opportunities for advanced practice, will support our vision to provide patients with the right advice and care, in the right place, every time, with the intention of reducing harm and reducing the numbers of patients being transported to Emergency Departments.

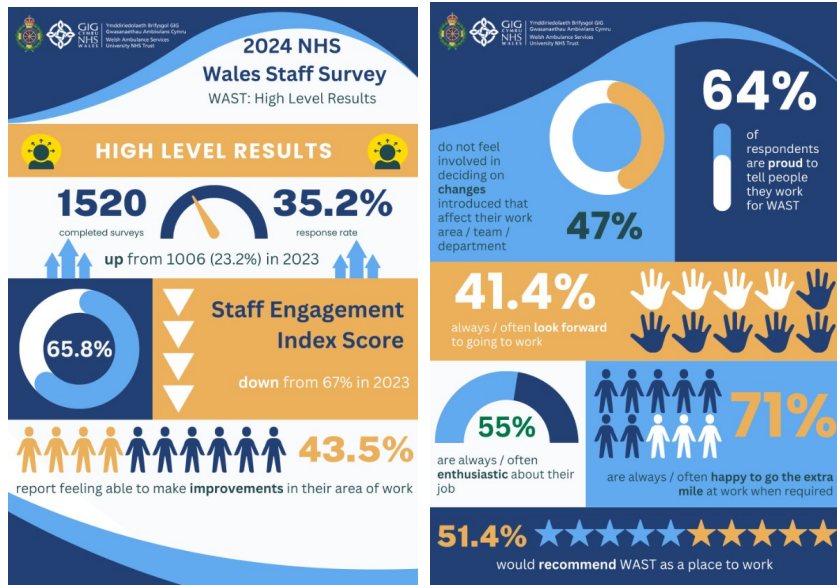
Capability

Compliance with Statutory and Mandatory Training has gradually improved since January 2024, achieving the 85% target overall for the year and exceeding the target between December 2024 and March 2025.

Culture



Our People and Culture Plan commits to creating an environment with wellbeing, compassion and a positive enriching employee experience at the heart. By building and sharing our desired culture across the organisation we will help our people feel that they belong and are valued. We are also committed to seeking opportunities to improve the working environment including where and how our people work so that they are confident to raise concerns, make decisions and have control in their roles.



Staff Survey

Feedback is invaluable in helping us shape our workplace culture and improve the experience of our people. To ensure this feedback drives meaningful changes we identified individuals across the organisation to facilitate local conversations and focus on small impactful changes to improve our day to day experience. In 2024, more of our people contributed to the NHS Wales staff survey to help inform these insights with 35% completion compared to 23.2% the year before.



Networks

We are committed to fostering a culture where everyone feels they belong and can actively participate. As such, we have a growing number of networks as well as increasing levels of membership from our people. In the last 12 months, we have increased the membership of our networks from 184 to 511. We take assurance from this improvement as an indicator of a developing sense of community and belonging for our people.

We currently have eight networks:

- WAST Voices
- Culture Champions
- Women's Health
- Rhwydwaith Cymraeg/Welsh Language Network
- BEAM People Network
- LGBTQ+
- WAST Purple Space
- Carers Network

Employee Relations

As an organisation, we monitor open disciplinary cases as an indicator of our cultural health. Our indicators show that we have had a consistent level of open cases over the last year, averaging 40 open cases per month. These cases include a mixture of existing cases being investigated and new cases that have been reported. The majority of these cases relate to allegations of inappropriate behaviour.

We also monitor our Respect and Resolution cases which form part of our people's reporting structures to resolve the issues that are important to them. In a similar pattern to our open disciplinary cases, the number of formal requests for resolution has been consistent over the last 12 months, averaging 13 cases per month.

It is important that we consider this information with caution. Increases and decreases in cases may not be a result of changes in behaviour or experience but instead an indicator of the psychological safety our people feel in being able to raise concerns. Last year, we told you about launching our Sexual Safety Guiding Principles which has encouraged people to raise concerns.

Working in WAST

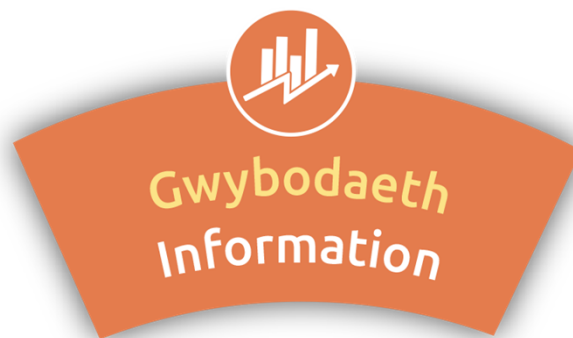
Over the last 12 months, 79 colleagues have anonymously shared their experience of their first three months in their new role. During this time, the average experience rating was 7.92 (1 being poor, 10 being excellent). This is a slight reduction in our overall rating of 8.01. Amongst the feedback we received were positives including the rewarding nature of the role and working environment. Neutral responses included the challenges of shift working and negative experiences included working in isolation without the ability to meet team members in person.

Cultural Early Warning Score (CEWS)

The CEWS tool uses indicators to help assess the cultural health of our teams and is designed as an initial assessment to prompt more in-depth conversations about team culture and potential actions.

The current tool is framed around Capability, Capacity, Culture in line with our People and Culture pPlan. For the purpose of this report, the key indicators of capability and capacity are aligned with the standard for workforce.

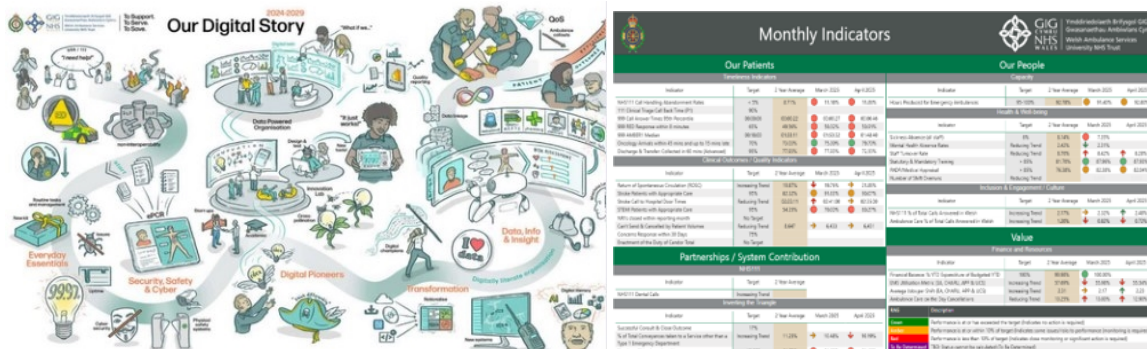
Information



Digital Plan

In September 2024, we published our Digital Plan for 2024-29. At the heart of our plan is a commitment to excellence, investing in cutting-edge technology to ensure our teams are equipped with the best tools to do their jobs effectively and delivery pf exceptional care to our patients. We recognise that transformation is a collective effort and our plan is the result of invaluable feedback from our staff, patients and stakeholders.

Our plan incorporates five key pillars to ensure a comprehensive and balanced approach to digital transformation. Data, Information and Insight is one of these key pillars, emphasising the use of data and intelligence to inform decision-making and enhance service delivery.



Monthly Integrated Quality and Performance Report (MIQPR)

Our MIQPR dashboard and associated reports provide senior decision-makers in the Trust a focused view of the key metrics which provide us intelligence and assurance. The MIQPR aims to provide an integrated view of both quality and performance with an overarching summary dashboard supported by more specific and detailed indicators and information.

Earlier in this report, we told you about the significant amount of change and improvement we have been undertaking over the last 12 months. As a result of some of these changes, and through the quality assurance work we undertake to make sure the information we use is accurate, some challenges with reporting metrics have been identified over the last 12 months. Our digital teams, supported by our leaders, are working hard to resolve these challenges. We have also continued to develop our 'Always On' dashboard for internal reporting with the next updated reports due to be included from April 2025.

PowerBI Migration

Last year, as part of our next steps, we told you about refreshing our reporting functions and migrating dashboard tools to the PowerBI platform. The PowerBI migration initiative was undertaken to help modernise, streamline and secure our intelligence. More than 120 WAST colleagues were trained on the new platform ahead of the change, supporting our teams to self-serve intelligence, and a 'playlist' of short training videos was produced and made available on our internal sharing platform SharePoint. This migration project was completed in Q3 2024-25, along with the development of an additional dashboard for commissioners giving daily access to WAST information.

Performance Model Framework

Several of the internal and external reports are now undergoing refresh and update following the new Performance Model Framework outlined by Welsh Government. New metric definitions are in the process of being agreed, and then data engineering and development work on the reports and dashboards will begin

Information Governance Training

As an organisation, we have access to sensitive patient data and it is crucial that we handle all personal data appropriately and safely at all times. As part of our assurance activity, we submit an Information Governance Toolkit to Welsh Government to demonstrate the levels of awareness throughout the Trust and our performance against national standards. Part of the Information Governance Toolkit relates to mandatory training compliance by our people relating specifically to Information Governance. In 2024-25, Welsh Government increased the 'minimum expectation' of compliance with this training from 75% to 85%. Whilst compliance did improve from 73.34% in 2023-24 to 78.98% in 2024-25, we have not reached the minimum expectation of compliance

set. Whilst this is the only element of the IG Toolkit where we did not meet or exceed expectations for 2024/25, failure to meet this standard creates reputational consequences for the Trust and we continue to monitor this as a risk through our Trust Board Assurance Framework.

Whole System Approach



Academic Partnership

In last year's report, we told you that from 1st April 2024 we had University Trust Status recognising our long-standing commitment to education, research and innovation. As a result of this status change, our Academic Partnership Committee reviewed our academic partnership priorities for inclusion in our Integrated Medium-Term Plan (IMTP).

These priorities were agreed as:

1. Commitment to learning
2. Academic and industry partnerships
3. Centre(s) of excellence

Each of these priorities has been reviewed to identify the benefits which University Trust Status will deliver from a patient and people perspective. High-level outputs, outcomes, benefits and measures have been identified in order to support our delivery of the IMTP and to ensure clear measurements and monitoring arrangements are in place.

Wellbeing of Future Generations Act

Whilst we have worked within the spirit of the Wellbeing of Future Generations Act since its introduction in 2015, we formally became subject to the well-being duty from 30th June 2024. The aim of the Act is to ensure that public bodies across Wales are working together to develop Wales as a prosperous, culturally rich, economically

vibrant, healthy and well-educated country, where people can thrive both at work, and at home.

This year we have been working collaboratively with our Trust Board, our people, our trade union partners, our community networks and our broader stakeholders to develop wellbeing objectives that reflect our commitment to delivering the wellbeing goals outlined in the Act.

Our agreed objectives are:

1. A Socially Responsible and Inclusive Employer
2. An Innovative and Sustainable Organisation
3. A Proactive, Accessible and Equitable Care Provider

These long-term, evolving objectives will guide our strategy and plans, ensuring sustained focus and measurable progress. We recognize that we can't achieved these goals alone and so we will follow the sustainable development principle of the Act including the five ways of working. You can read more about our objectives here.

WAST SICAT

In our 2023-24 Duty of Quality Annual Report, we told you about our commitment to develop a new clinical services model that will provide our patients with the right advice and care, in the right place, every time and reducing harm. As part of this commitment, we undertook a pilot initiative to explore embedding GPs within ambulance control rooms to assess selected patients who have called 999. The provision of a Single Integrated Clinical Assessment and Triage (SICAT) service for 999 calls was a collaborative initiative undertaken with Betsi Cadwaladr University Health Board, which aimed to improve patient safety and care, ensure efficient use of ambulance resources, enhance patient experience and reduce emergency department attendances.

Our Place in NHS Wales

The Trust is now a member of all seven Welsh Regional Partnership Boards or their substructures, meaning that we can better engage with our stakeholders, statutory partners, communities and the third sector on strategic decisions. Our membership in these spaces helps us engage, influence and understand common challenges and opportunities.

Learning, Improvement and Research



Duty of Quality

Last year, we told you that all colleagues are required to engage with Duty of Quality eLearning that is hosted on ESR. We monitored the level of engagement with this training through our Quality Management Group and other forums.

To improve engagement we increased accessibility by including the training on our Learn365 platform. Engagement with the training has continued month-on-month.

Having experienced challenges with the Duty of Candour eLearning, we have taken the same approach and now seeing increasing completion rates.



Paramedic-3 Trial

As a Trust, we have been engaged with the PARAMEDIC-3 trial which is designed to investigate the best way to administer drugs to adults who suffer cardiac arrest outside of a hospital environment. Researchers are comparing two strategies: using access into a bone (intraosseous) or access into a vein (intravenous). The study involves 15,000 patients across England and Wales, randomly assigned to one of these methods. The main goal is to determine which method improves survival rates 30 days after cardiac arrest. Secondary goals include assessing the return of the natural heart function (spontaneous circulation), brain function (neurological) outcomes, and quality of life.

This study aims to provide crucial information on the most effective way to administer drugs during out-of-hospital cardiac arrests and has helped inform national resuscitation guidelines.



RELIEF Study

We are currently sponsoring and delivering a research project, in collaboration with the University of Swansea, Swansea Bay University Local Health Board, Cardiff and the Vale University Health Board, University of Southampton, and Dorothy Hospice House, which aims to evaluate the 'Just in Case' medicines initiative we launched in response to the Covid-19 pandemic. This research aims to understand the experiences and perspectives of paramedics and doctors who care for patients in the community facing challenging end-of-life symptoms like pain, breathlessness, and agitation.

Additionally, the study seeks to gather insights from informal carers (family or friends) and paid care workers who have witnessed paramedics administering 'Just In Case' (JIC) medicines to their loved ones or patients. Now, thirty months into the ambulance JIC intervention, there is an opportunity to evaluate its impact on patient care, the workload and role of paramedics, and the perceived benefits, anxieties, and risks from the viewpoints of clinical staff, informal carers, and paid carers.

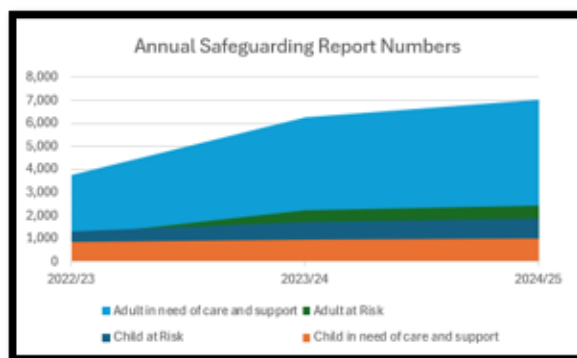


Education and Development

Safeguarding Children and Adults

Our Safeguarding Team’s priority is to ensure that our people provide safe and effective care which protects people at risk of abuse and neglect, as well as those in need of care and support. Last year, we told you about the implementation of our digital platform ‘Docworks Scribe’ which was making it easier for our people to submit referrals across the health and social care system.

Our data for 2024-25 shows a continued increase in the annual safeguarding reports submitted to local authorities. These increased numbers may also be attributed to the growing inequalities in Wales (noted by Public Health Wales) and the heightened awareness of safeguarding concerns among our people.



Managing Risks

The Trust monitors risk within the organisation and the services we provide. Our Board Assurance Framework provides a clear line of sight to the controls, assurances and actions we are able to take to mitigate or reduce these risks for our Trust Board.

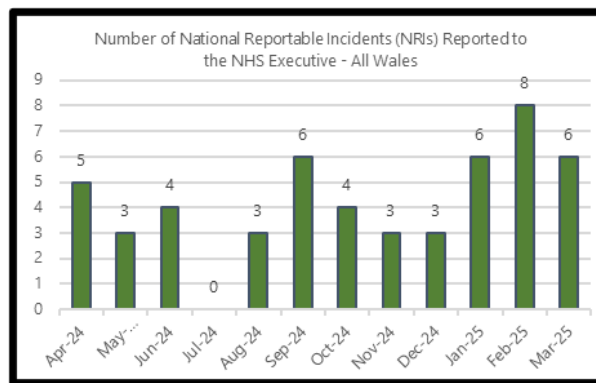
Through 2024-25, work began on developing statements to define the level of risk the Trust is willing to take or accept in pursuing strategic objectives to ensure better outcomes for our patients, our people and our communities.

Our highest-scoring risks relate to delays in emergency response causing harm to patients and the impact of ambulances being held outside emergency departments. Whilst system pressures are largely beyond our control we continue to work with Health Board partners and our commissioners to mitigate these risks.



Nationally Reported Incidents

We reported 53 of the most serious incidents to the NHS Executive in 2024-25. These Nationally Reported Incidents (NRIs) mostly related to the Trust's 999 service. This is similar to the level reported last year (56).



Public Interest Reports

During March 2025, the Public Services Ombudsman for Wales published two public interest reports into our care and treatment of two patients. A public interest report is issued when an investigation reveals serious issues in public service delivery that warrant broader public awareness and accountability.

The reports issued (one of which was a joint report with Swansea Bay University Health Board) identified areas for improvement in the standard of call handling, clinical advice and record keeping. Recommendations were also made in respect of the Trust's complaints handling. The organisation worked closely with the Ombudsman over many months to maximise the learning from these events and has already implemented a number of the measures that were agreed.

Timely



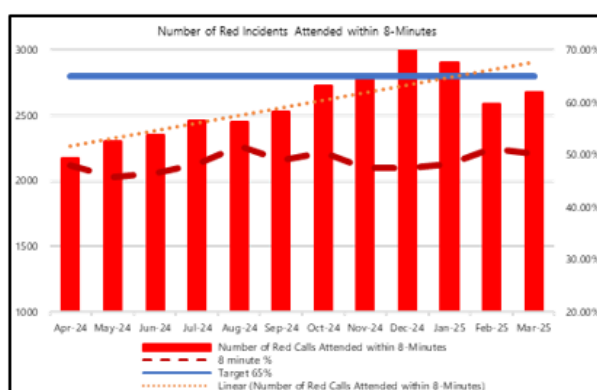
Welsh Government Announcement

In March 2025, the Welsh Government announced changes to ambulance response in order to focus on saving more lives. The Senedd’s Health & Social Care Committee recommended changes having concluded that the existing targets are no longer appropriate or fit for purpose.

As a result, a new Purple category is being introduced for responses to life-or-death cardiac and respiratory arrests. In addition, our response targets will focus on outcomes, especially for patients who are in immediately life-threatening situations, rather than a time-based target of eight minutes which was first introduced in 1974.

This new approach aims to improve survival rates for cardiac arrests experienced outside of hospital in Wales.

Our new Clinical Service Model will be piloted from July 2025 and following evaluation, could be introduced permanently from August 2026.



Immediately Life Threatening 999 Calls (Red Calls)

The number of incidents prioritised as immediately life threatening has continued to rise during 2024-25, meaning that we are responding to 20% more Red calls than last year. Whilst we are responding to more immediately life-threatening calls in eight

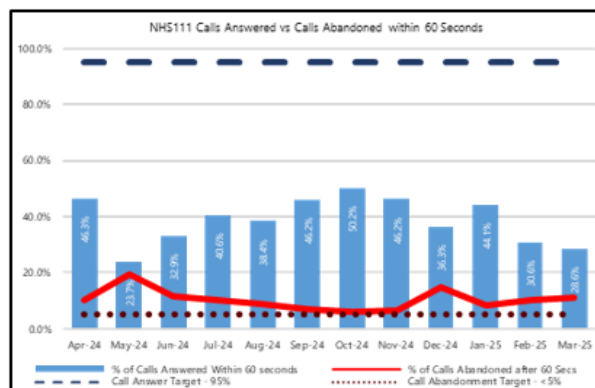
minutes than ever before we have not improved our performance against the target of 65% of Red calls receiving a response within eight minutes.

NHS 111 Wales Call Answering

For many of our patients, the first point of contact is our 111 service which has been live across the whole of Wales since 2022. The number of calls received into NHS 111 Wales during 2024-25 rose to 1,002,211.

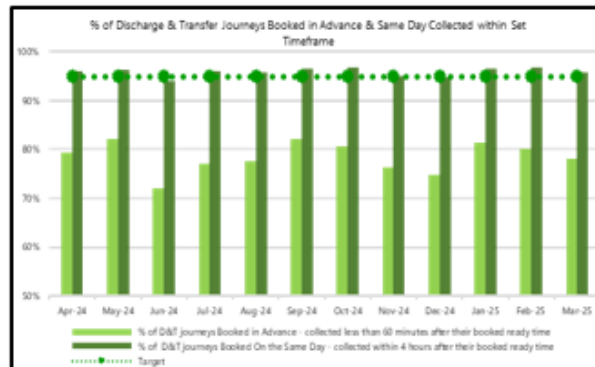
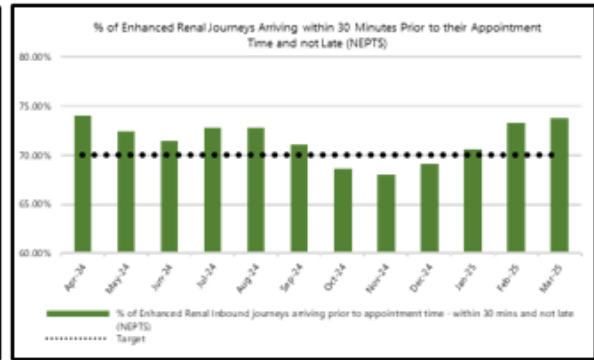
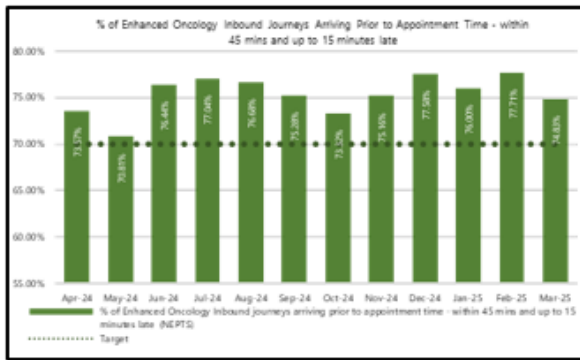
We know that the time it takes to answer your call is a key part of a positive patient experience and helps to provide confidence in the service we provide. During 2024/25, our ability to answer calls within the 60-second target reduced to only 38.7% of calls. In addition, 10.4% of calls were abandoned (meaning the caller cleared the line before being answered) which is significantly above our target of 5%.

The introduction of our new system impacting recruitment and training at the start of the year as well as high levels of pressure and sickness absence during winter months have impacted in this area.



Non-Emergency Patient Transport

Throughout the year, we have consistently achieved our 70% target for Oncology patients arriving at their appointment times. However, for our Renal patients, we have been less consistent and didn't manage to achieve our target during times of pressure during the last three months of 2024. Our performance has been impacted by the complexity of the services provided and the reconfiguration of Health Board services which have increased the distances our patients travel. We are currently undertaking a review of how our Ambulance Care staff are rostered, and whilst this could create greater levels of efficiency, it will impact our people and be challenging to deliver.



Effective



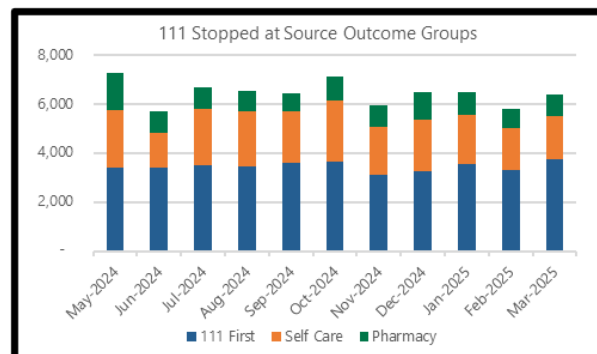
Palliative Care

Last year, we told you about a project we had undertaken with Swansea Bay University Health Board to develop Palliative Care Paramedics to support Palliative and end-of-life patients in the community. Following the success of the initiative, we have supported these clinicians to develop advanced practice. This creates a new specialist Advanced Paramedic Practitioner (APP) career pathway focussed in palliative care and frailty. In recognition of this work, and to help support the rollout of the new APP role we have collaborated with Marie Curie to create an exciting new project that will see funding to support the growth of these specialist clinicians around Wales over the next five years.



NHS 111 Wales Outcomes

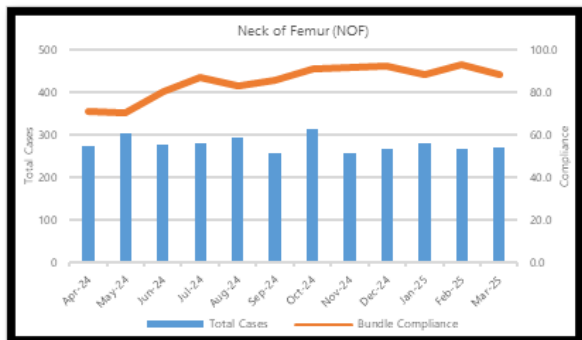
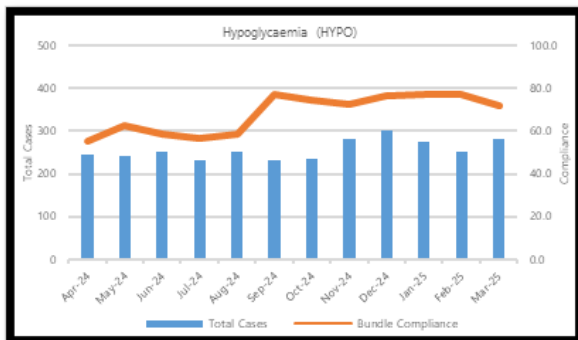
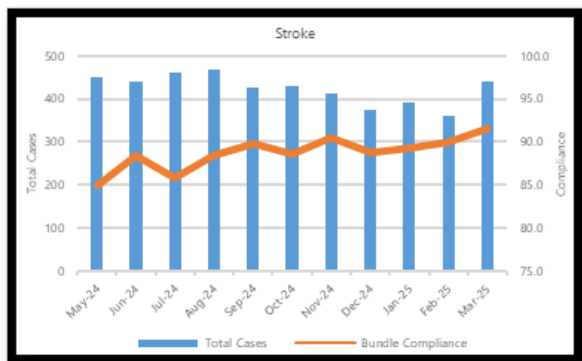
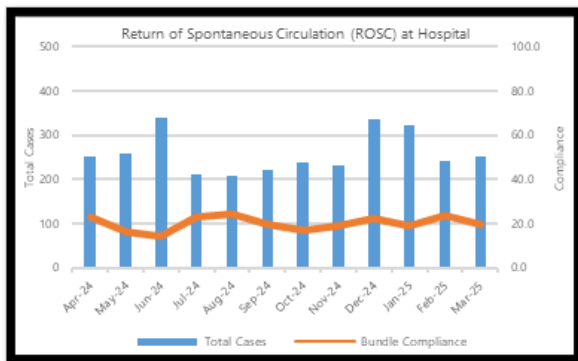
Our long-term strategy includes the aim of providing our patients with the right service the first time. In NHS 111 Wales, one way of monitoring this is in the number of patients we manage to support without referring to an alternative care pathway or attending an emergency department. In 2024-25, the number of patients helped in this way increased from 47,626 to 71,312. This figure equates to around 10.5% of all known outcomes.



Clinical Indicators

Last year, we explained about our new electronic Patient Clinical Record (ePCR) and how this helps collect data about how we treat our patients. We identified that some of the bespoke areas of the ePCR were not being utilised and we explored how to improve data being entered to improve data compliance.

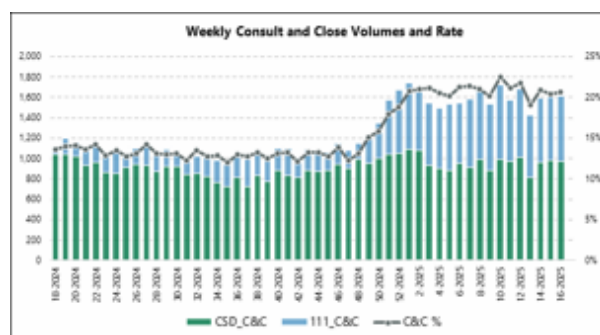
Throughout 2024-25, we have seen an increase in compliance across all of our clinical indicators. The ePCR Compliance Approval Group, led by the Clinical Intelligence and Assurance Team (CIAT), has been pivotal in managing and enabling targeted prompts from within the ePCR to improve compliance but there is still work to do to meet our intended targets



Consult and Close

In our report last year, we told you about our commitment to getting patients the right care in the right place, every time and how we review the impact of our remote integrated care teams.

During 2023-24, we resolved 13.9% of 999 calls through telephone and video triage and committed to increasing this performance with a target of 17%. In 2024/25, whilst there have been challenges collecting data on this metric, recent data suggests that as part of the changes we have made to our Clinical Services Model since October 2024, we resolved around 20% of 999 calls in this way.

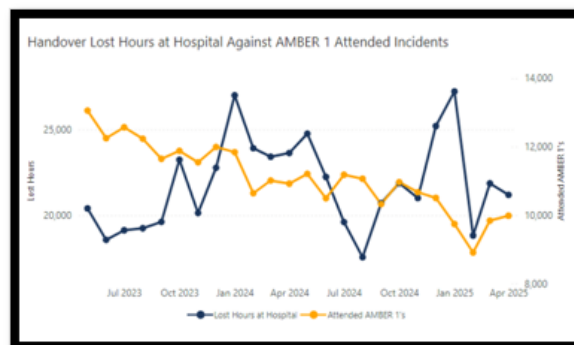


Efficient



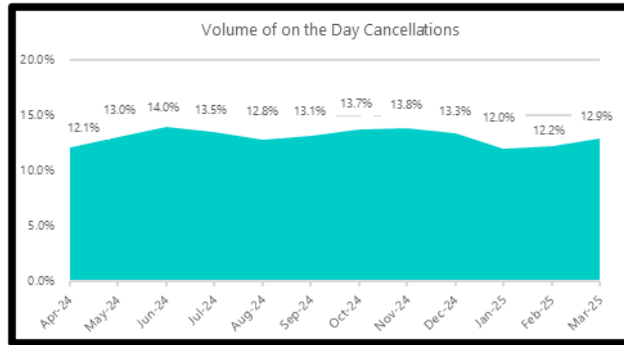
Hours lost to handover

In our 2023/24 Duty of Quality Annual Report, we told you how we consider the wider system impact on our service as part of our 'whole system approach'. Last year we recognised that hours lost waiting to handover patient care at Emergency Departments had reduced compared to the previous year. However, in 2024/25, they have risen again averaging 22,003 hours per month. This is the same as 1,834 12-hour shifts for our responding clinicians and meant that we could have responded to over 3,454 more patients each month if handover times were reduced. The impact of delays handing over patient care at emergency departments can have catastrophic outcomes for patients as they wait longer to receive a face-to-face response.



Cancelling your Request

Last year, we told you that our data indicated that the number of non-emergency transport journeys cancelled on the day was increasing. We have been working with health board colleagues and in response to your feedback, to reduce these kind of cancellations. Our data shows that cancellations over the last 12 months have begun to level, and our operational teams continue to focus on delivering a range of efficiencies and improvements including the introduction of two-way SMS messaging with non-emergency service users.



Financial Savings

As a public sector organisation, it is important for us to demonstrate how we provide our services within our statutory financial duties ensuring they are of high value and efficiency. In 2024-25, we set the target of achieving £6.421m gross savings against our budget.

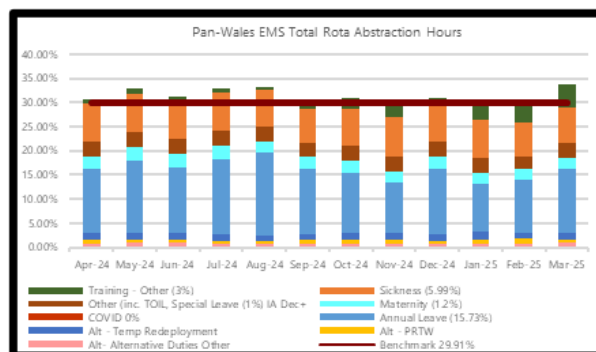
We exceeded this target by achieving £6.838m of gross savings, equating to around 6.5% more than expected. You can read more about our financial performance through our Annual Report and Accounts in the Publications section of our website.



EMS Rota Abstractions

A key factor in our ability to provide capacity to meet our emergency demand is the impact of roster abstractions such as sickness, annual leave and training. Last year, we told you about our focus on reducing these abstractions.

This year we have reduced the monthly average from 33.7% in 2023/24 to 31.3% in 2024/25. Importantly, we have achieved our 30% target in three of the last six months.



Equitable



Carer Confident Level 1

This year we became the first ambulance service in the UK to be recognised for the support it gives to carers in the workforce by being named a Carer Confident Employer by Carers UK. This widely recognised bench-marking scheme demonstrates our commitment to supporting carers in the workplace and provides a framework for enhancing existing support.



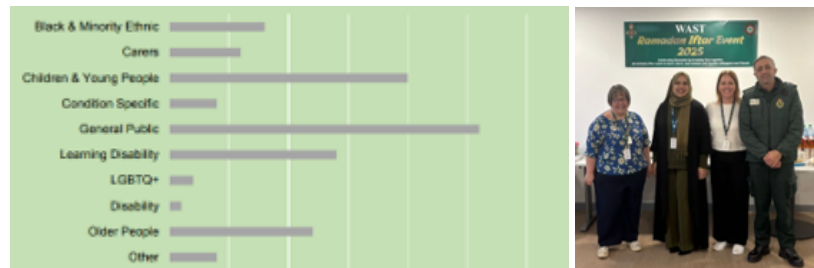
Learning Disabilities

Following developments to our electronic patient care record (ePCR), we introduced an Additional Learning Needs dashboard in October 2024. The dashboard helps to sort information from 999 incidents for patients recorded as having additional learning needs and theme intelligence relating to patient demographics, outcomes and needs. This data is valuable in understanding the wider national picture of health amongst the learning disability population and the impact on patient experience.



Community Involvement

Earlier in this report, we told you about the face-to-face engagement opportunities our Patient Experience and Community Involvement team completed in 2024-25. The experiences and feedback captured through this engagement covered a large cross-section of our communities. They also targeted engagement with groups known to experience health inequalities, barriers to accessing care and those who have poorer health outcomes. Through this work, we ensure the voices of the most vulnerable in society had an opportunity to share their views and experiences.



Ramadan and Iftar Event

Our Black, Ethnic Asian and other Minority communities (BEAM) network hosted a Ramadan Awareness and Iftar Event to celebrate the start of Ramadan for our Muslim colleagues. The event allowed our people and leaders to come together with members of our Muslim communities to learn more about the Muslim culture, Ramadan and how it can impact our people and our patients. Colleagues joined together for the breaking of fast, shared authentic food, witnessed staff in prayer and received a short educational speech about the importance of fasting during Ramadan by Dr Aziz, Assistant Secretary General of the Muslim Council of Wales.

Population Health

Between September 2024 and March 2025, we hosted a Speciality Registrar in Public Health to help us define the population health vision for our organisation and to support our progress towards reducing health inequalities.

The Association of Ambulance Chief Executives (AACE) developed a national consensus approach to support ambulance services in reducing health inequalities which was launched in June 2023. As part of this work, AACE released an implementation toolkit and a maturity matrix to assist ambulance services in undertaking a self-assessment to gauge progress against the key objectives.

We first undertook the self-assessment in April 2024 and have updated this in 2025, the results indicate that we have made progress moving from 'emerging' to 'developing' but opportunities remain particularly when we consider data and insights. The findings from the self-assessment and the work carried out by the Speciality Registrar have helped to develop our Strategic Quality Plan for 2025-28.



Person Centred



Quality Impact Assessments

The Duty of Quality requires NHS bodies like the Welsh Ambulance Services University NHS Trust to ensure all our strategic decisions are made with the intention of improving the quality of health services and outcomes for the people of Wales.

The Trust use Quality Impact Assessments (QIAs) as a tool to understand the impact any decisions we make could have on the quality of the services we provide. These assessments are aligned to our 12 Health and Care Quality Standards.

During the period April 2024 to March 2025, our Quality Governance forums reviewed 17 Quality Impact Assessments to support service changes.

The types of decision being supported in this way include service improvement initiatives, organisational/transformational change and patient safety/experience improvements.

Social Partnership Conference

In 2023, the Senedd approved the Social Partnership and Public Procurement (Wales) Act which focuses on public sector employers and employees working together to improve public service delivery and achieve the goals set out in the Wellbeing of Future Generations Act. Over the past two years we have been working to strengthen relationships with Trade Union partners and improve collaboration. As part of our action plan, developed to build relationships, trust and improve how we work together we held a Social Partnership Conference in March 2025 which included workshops, collaborative engagement sessions and a keynote address from the Minister for Culture, Skills and Social Partnership, Jack Sargent and the General Secretary for TUC Cymru Shavanah Taj.

Patient and Staff Stories

Last year, we told you about the three main activities of our Patient Experience and Community Involvement team and how we use patient stories to learn from and improve our services. One of the ways we use patient stories is through digital storytelling, such as using video, audio, images and multimedia involving patients, carers and staff sharing their experiences.

Our patient and staff stories are shared across the organisation at all levels, including at our committees and Trust Board. They often include an action plan demonstrating what we have learned and how we are making improvements based on what we have heard. Allowing patients, carers and our staff to share their journeys and experiences in their own words helps us to understand the emotional and practical aspects of care beyond data, creating empathy and a deeper connection between leaders, staff and the communities we serve.

Violence and Aggression

Three members of our team have successfully completed the new NVQ in Violence and Aggression Management. The education in this area has been used to improve our violence and aggression management and support for both our frontline responders and our contact centre teams.

Looking Forward 2025-26

Working in Partnership

This year marks an important step forward as we continue to evolve our services to meet our ambition of becoming a clinically led and community-based ambulance service. As we refresh how we deliver care, we know that real change can only happen when we work together. That's why we're committed to collaborating with our partners across the NHS in Wales, including commissioners and Welsh Government, and to engaging with the people who matter most—our people, our patients, and our

communities. By listening, learning, and co-producing solutions together, we can build a service that is more responsive, inclusive, and effective. This spirit of partnership is at the heart of our future plans and reflects our purpose: to support, to serve, to save



Public and Patient Reference Group

Over the course of the year, we have spent time with stakeholders and partners to test out our ideas. Whilst there is much that is supported, we hear that there is more to do. Stronger collaboration with patient and community groups is a priority and, in support of our Wellbeing Objectives, we intend to develop a formal public and patient reference group. This will give representatives the opportunity to help shape our service priorities and service standards and hold us to account for delivery.

Our Integrated Medium-Term Plan

Since launching our long-term strategy, Delivering Excellence, in 2019, we've remained committed to transforming the way we deliver care. Over the past year, this ambition has gathered pace. Teams from across our organisation have worked closely with our commissioners to shape a more joined-up clinical service model—bringing together our 999, NHS 111 Wales, and Ambulance Care services to improve how we support patients.

We're determined to keep moving forward, working with our partners to improve how we respond to people's needs—now and in the future. Too many patients continue to face harm, delays, or confusion when trying to access the right care at the right time. This not only affects their experience, but also adds pressure on our people. We hear directly from them about the challenges they face. Their feedback matters, and we're committed to improving their working lives—so they can continue to deliver the best possible care.

Our top priority remains the same: providing a world-class emergency response service. Our updated clinical model is designed to ensure we have the right resources

in place to respond quickly and effectively, giving every patient the best chance of a positive outcome.

The next section of this report offers a snapshot of some of the key work planned for 2025-26, with a strong focus on improving the quality of our services.

Evolving the Clinical Model

We're transforming how we deliver clinically led care, putting patients at the centre and ensuring our services work seamlessly together. We are committed to embedding clinical decision-making from the very first patient contact, ensuring timely more personalised care, fewer unnecessary interventions and better outcomes for patients. We are improving how our systems, processes and teams work together across our organisation. With the help of digital tools, we're creating a more consistent experience for patients and using our resources more efficiently. We're expanding the ways we respond to patients, working with partners across the NHS to offer safe community-based care where appropriate, whilst keeping ambulances available for the most urgent cases. We are building closer links with Health Boards, commissioners and community services and together we're creating shared care pathways that help patients access the right local support, at the right time.

111 Demand & Capacity Review

High quality and rapid call answering is key to excellent patient experience and provides confidence in the services we deliver. We have been undertaking a review of rostering practices, which has included a demand and capacity element. We expect to undertake a full roster review in 2025-26 connected to the findings.

Emergency Response

Following the Welsh Government review of the Red 8 response target, we will respond to the recommendations and transition our traditional emergency response to a clinically prioritised system incorporating Rapid Clinical Screening for 999 calls. As part of this work, we will develop a new performance framework shaped around two new categories (Purple Arrest and Red Emergency) moving away from time-based targets and focusing on clinical outcomes.

Taking a Population Health Approach

Although people are living longer, many are spending more years in poor health. This continues to place pressure on health and care services. As we plan and deliver services, we are considering how best to support population health and address these challenges.

We are working with partners such as Digital Health Care Wales and Public Health Wales to make better use of linked data through the National Data Resource. This will

help us gain clearer insights into clinical outcomes, operational performance, and patient experience.

As part of this work, we are developing a Population Health Plan that will outline opportunities to improve health outcomes across Wales. We are also exploring ways to strengthen public health expertise within our organisation.

This includes:

- Hosting a fixed-term project with a public health specialty registrar
- Considering future roles for public health specialists
- Promoting public health approaches in new projects
- Supporting staff development in public health-related areas



Quality Improvement

We are committed to continually improving the care we provide by investing in the skills and experience of our people. Our Strategic Quality Plan 2025–2028 sets out a clear vision and ambitious framework for building quality improvement capacity and capability across the organisation. This means supporting staff at all levels to lead change, use data and evidence to better inform decision-making, and work collectively to improve patient and community outcomes. We are developing tools, training programmes, and support systems that help teams to understand what good looks like, and to maximise improvement progress, impact, and sustainability. By embedding a culture of continuous improvement, we aim to ensure every interaction - patient, colleague, or partner - contributes to a more timely, safe, effective, efficient, equitable and person-centred service.



Summary

As we close this year's Duty of Quality Annual Report, we reflect with pride on the progress made and the lessons learned throughout 2024–2025. This has been a year of transformation, where we've taken bold steps to improve how we deliver care—placing patients at the heart of everything we do. From strengthening clinical leadership and digital systems to embedding a culture of openness and learning, our focus has remained on delivering safe, effective, and compassionate care. We've listened to the voices of our patients, staff, and communities, and used their feedback to shape services that are more responsive and inclusive. We've also worked closely with partners across the NHS in Wales to build a more joined-up, community-based model of care. While challenges remain, our commitment to continuous improvement is unwavering. Together, we are building a service that not only meets the needs of today but is ready for the future.

Feedback



For more information about Welsh Ambulance Services University NHS Trust visit our website at www.ambulance.nhs.wales

To provide us with feedback on our services you can follow the links below

[Calling 999 Survey](#)

[Calling 111 Survey](#)

[111 Website Survey](#)

[Non-Emergency Transport Survey](#)

[Communicating in your language of choice](#)

[Virtual Video Booth](#)



Llywodraeth Cymru
Welsh Government

WG46246

**The Duty of Quality Statutory Guidance 2023
and Quality Standards 2023**

The Health and Social Care (Quality and Engagement) (Wales) Act 2020

Date of issue: October 2022

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Figure 1

Diagram to demonstrate the quality management cycle

Figure 2

Diagram to demonstrate the central strategic context of the duty

Figure 3

Diagram to illustrate the six domains of quality supported by the five quality enablers.

Glossary

Interpretation, in this guidance:

- The 2003 Act means the Health and Social Care (Community Health and Standards) Act 2003.
- “Health care” for the purposes of the 2003 Act means (a) services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and (b) the promotion and protection of public health.
- The 2006 Act means the National Health Service (Wales) Act 2006;
- The Act means the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- NHS body, in the context of the duty of quality in Wales, means -
 - (a) a Local Health Board.
 - (b) an NHS Trust.
 - (c) Wales-only Special Health Authority.
- Where the word **must** is used, it refers to actions that are a legal requirement, as set out in Part 2 of the Act;
- Part 2 of the Act amends the National Health Service (Wales) Act 2006 to insert new provisions 1A, 12A, 20A and 24A into the 2006 Act. For the purposes of those new provisions:
 - “Health services” means any services provided or secured in accordance with the 2006 Act: and
 - “Quality” includes, but is not limited to, quality in terms of –
 - (a) The effectiveness of health services,
 - (b) The safety of health services, and
 - (c) The experience of individuals to whom health services are provided.

FOREWORD

Introducing a duty of quality through the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ¹ ('the Act'), highlights the Welsh Government's commitment to safe, effective and person-centred health services. The Act places an overarching duty of quality on the Welsh Ministers regarding their health-related functions. It broadens the existing duty on NHS bodies (Local Health Boards, NHS Trusts and Welsh Special Health Authorities).

Ultimately, the purpose of the duty of quality is to ensure that Welsh Ministers and NHS bodies secure improvements in the quality of services they provide. The duty represents our ambition of achieving ever-higher standards of person-centred health services in Wales.

Quality is more than just meeting service standards. It needs to be a system-wide way of working. Quality means safe, timely, effective, efficient, equitable and person-centred health care which is embedded within a culture of continuous learning and improvement.

The duty requires Welsh Ministers and NHS bodies to actively consider these domains of quality when making decisions about health services so that improved outcomes are secured. This supports the five ways of working (long term, integration, involvement, collaboration and prevention) within the Well-being of Future Generations (Wales) Act 2015 ² as well as promoting the well-being goal of A Healthier Wales³.

The Welsh Government published the Quality and Safety Framework⁴ in September 2021. This was intended to serve as a steppingstone to the new duties of quality and candour under the Act whilst we emerged from the coronavirus pandemic.

The duty of quality is interdependent with the Health and Care Standards (April 2015) for Wales. To build clear connections between the duty and the standards, this guidance now incorporates the new Quality Standards 2023 that will replace the Health and Care Standards (April 2015). This new approach sets out a clear and simple framework for quality management that will strengthen the connection between the duty, standards and the wider quality management process in Welsh health services.

I am proud that 'Putting quality and safety above all else' is the first core value described in "A Healthier Wales", our long-term strategy for integrated health and care in Wales. As Dr Tedros Adhanom Ghebreyesus, World Health Organisation

¹ Welsh Government (2020) Health and Social Care (Quality and Engagement) (Wales) 2020 Act
<https://www.legislation.gov.uk/asc/2020/1/contents>

² Welsh Government (2015) Well-being of Future generation (Wales) Act
<https://www.futuregenerations.wales/about-us/future-generations-act/>

³ Welsh Government (2019) A Healthier Wales: our Plan for Health and Social Care
<https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

⁴Welsh Government (2021) Quality and Safety Framework: Learning and Improving
https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving_0.pdf

Director General recently reminded us, “Quality is not a given. It takes vision, planning, investment, compassion, meticulous execution, and rigorous monitoring, from the national level to the smallest, remotest clinic.”⁵

We have a significant opportunity to refresh and strengthen our commitment to “A Healthier Wales” through the new duty of quality. We have a collective responsibility to achieve improved quality of services and outcomes for our population.

Eluned Morgan, Minister for Health and Social Services

⁵ World Health Organisation (2022) Fundamentals of Quality <https://qualityhealthservices.who.int/quality-toolkit/new-to-health-system-quality-thinking/fundamentals-of-quality>

1. Introduction

- 1.1 The duty of quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, will come into force on 1 April 2023. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. It aims to ensure a stronger citizen voice and to improve the accountability of services to deliver a better experience and quality of care. Doing so contributes to a healthy and more prosperous country. The Act is intended to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care.
- 1.2 This statutory guidance aims to help NHS bodies in Wales deliver the requirements of the duty of quality.
- 1.3 The legal basis for the duty is set out in Part 2 of the Act.
- 1.4 The duty of quality supports all people in Wales. The new duty of quality requires the Welsh Ministers and NHS bodies to think and act differently by applying the concept of “quality” across all functions within the context of the health service and health needs of their populations. It requires quality-driven decision-making and planning, to ultimately deliver better outcomes for all people who require health services. It requires involving people in decisions that affect them, balancing short-term needs with planning for the longer-term, with action to prevent problems occurring or getting worse.
- 1.5 The duty also supports the application of prudent and value-based healthcare principles, referred to in the National Clinical Framework as ‘prudent in practice’. This increasingly shifts the focus to person centred care that can support people to stay well, self-manage their condition and, when necessary, provide seamless and appropriate specialist support. The focus is on the person rather than the setting in which the service is delivered.
- 1.6 Value-based health care encourages us to focus on meeting the goals of our patients and to help manage expectations throughout their care or treatment⁶. Value in health encourages us to improve how patients are involved in decision making using the best evidence available, avoiding any unnecessary variation in care, and becoming more creative to determine where our resources are best spent to improve patient outcomes. By working with patients and teams from across the healthcare system in Wales, and collaborating with industry and third sector, we can deliver the outcomes that matter to people with the resources available to us in a way that is sustainable.

⁶ Welsh Value in Health Care (2022) Value-based Healthcare for Wales at <https://vbhc.nhs.wales/value-based-healthcare-for-wales/policy-and-culture/>

- 1.7 The prevailing intention is to build on the positive culture of quality at the heart of the Welsh health system⁷, enacting a broader system-wide duty of quality which strengthens decision-making, action, improvement and ultimately, improved outcomes for the population.

⁷ Organisation for Economic Co-operations and Development (OECD) Reviews of Health Care Quality: United Kingdom 2016: Raising Standards at [OECD Reviews of Health Care Quality: United Kingdom 2016 : Raising Standards | OECD Reviews of Health Care Quality | OECD iLibrary \(oecd-ilibrary.org\)](#)

2. Purpose of the guidance

- 2.1 Improving the quality of our services to achieve better outcomes for people is the right thing to do.
- 2.2 The guidance sets out best practice to assist Welsh Ministers with regards to their health-related functions and NHS bodies in the implementation and application of the duty of quality. NHS bodies must have regard to the guidance issued by the Welsh Ministers.
- 2.3 The guidance provides a foundation on which quality management systems, relevant policies and procedures, training and support requirements will be built. It facilitates clarity about the duty of quality, consistency of approach and equity of response by promoting an 'All-Wales' approach to improve the quality of health services.
- 2.4 The guidance sets out a definition of quality and describes the overarching requirements to strengthen our quality management systems with quality-driven decision-making and planning. In turn, this strengthens our learning and sharing responsibilities and opportunities. The purpose of the duty overall is to improve outcomes for our population.
- 2.5 It is intended as a reference for our workforce as well as our population and partner organisations, so we develop a common understanding about the duty of quality.
- 2.6 It is not intended to be a prescriptive document, nor is it intended to be a quality manual or 'how to' guide. It is ultimately for NHS bodies to satisfy themselves that they are complying with the new duty to secure quality in the provision of health services imposed on them in the 2006 Act, though it is envisaged that this guidance will provide a helpful framework to assist such bodies accordingly. Furthermore, the guidance also sets out six domains of quality and the five quality enablers which will replace the Health and Care Standards (April 2015) issued under section 47(1) of the 2003 Act (which is a power which permits the Welsh Ministers to publish statements of standards in relation to the provision of health care). NHS bodies will be required to take these new standards into account for the purpose of discharging the duty of quality.
- 2.7 It is acknowledged that implementation of the duty of quality will need to be monitored over the course of several years to determine its success. Welsh Ministers and NHS bodies will need to be able to demonstrate incremental improvements aligned to the duty for implementation to be assessed and monitored.
- 2.8 To that end, Welsh Ministers and NHS bodies must publish an annual quality report on the steps they have taken to comply with the duty of quality.

3. Legislative background

- 3.1 The key purpose of Part 2 of the Act is to reframe and broaden the duty of quality which was first set out in section 45(1) of the Health and Social Care (Community Health and Standards) Act 2003⁸ (“the 2003 Act”). Section 45(1) of the 2003 Act imposes a duty on Welsh NHS bodies to ensure that appropriate arrangements are in place to monitor and improve the quality of health care⁹ provided by or for those bodies.
- 3.2 Section 45(1) of the 2003 Act will be repealed and replaced with a revised duty to secure quality in health services in sections 1A (Welsh Ministers’ duty), 12A (Local Health Board’s duty), 20A (NHS Trust’s duty) and 24A (Special Health Authority’s duty) of the National Health Service (Wales) Act 2006¹⁰ (“the 2006 Act”). The 2006 Act will also require those bodies to publish an annual report on the steps it has taken to comply with the duty of quality.
- 3.3 The 2006 Act (as amended by Part 2 of the Act) requires that the Welsh Ministers issue guidance to the Welsh NHS bodies in relation to the duty of quality and the requirement to publish an annual report. Therefore, this guidance is issued by the Welsh Ministers under Sections 12A (5), 20A (5) and 24A (5) of the 2006 Act in pursuance of that requirement.
- 3.4 The revised duty of quality (which also applies to the Welsh Ministers, as well as NHS bodies) reframes the concept of “quality” by ensuring that it is used in its broader definition. Quality includes quality in terms of the effectiveness and safety of health services and the quality of the experience of users of health services. However, it is not limited to the quality of services provided to an individual nor to service standards. It relates to securing improvement in the quality of “health services” which means any services provided or secured in accordance with the 2006 Act. Accordingly, the revised duty intends quality to be a system-wide way of working with focus placed on outcomes. Inserting the new duty into the 2006 Act reflects the importance that the Welsh Ministers place on the new, broader duty, and the Welsh Ministers’ wish to further strengthen and embed quality at the heart of decision making for health services.
- 3.5 Welsh Ministers have a duty to exercise any of their functions that relate to the health service with a view to securing improvement in the quality of health services.¹¹

⁸ UK Government (2003) Health and Social Care (Community Health and Standards) Act
<https://www.legislation.gov.uk/ukpga/2003/43/contents>

⁹ For the purposes of the 2003 Act, “health care” means (a) services provided to individuals for or in connection with the prevention, diagnosis or treatment or illness; and (b) the promotion and protection of public health.

¹⁰ UK Government (2006) National Health Service (Wales) Act.
<https://www.who.int/publications/i/item/9789240011632>

¹¹ Section 1A of the 2006 Act

- 3.6 Local Health Boards¹², NHS Trusts¹³ and Welsh Special Health Authorities¹⁴ have a duty to exercise **all** of their functions with a view to securing improvement in the quality of health services provided. The duty of quality applies to all clinical and non-clinical functions and therefore differs from the duty in section 45(1) of the 2003 Act.
- 3.7 Reframing and strengthening the duty of quality represents a further step on the journey towards ever-higher standards of person-centred health services in Wales.
- 3.8 Part 2 of the Act also makes consequential amendments to section 47 and section 70 of the 2003 Act.
- 3.9 Section 47(1) of the 2003 Act permits the Welsh Ministers to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Ministers are required to keep the standards under review and may publish amended statements whenever it considers appropriate. The last standards were published under this provision in April 2015.¹⁵ Section 47(4) of the 2003 Act require that the standards set out in statements are to be taken into account by every Welsh NHS body in discharging its duty under section 45 of the 2003 Act. Given that section 45(1) is repealed, section 47(4) is amended such that the standards set out in statements are to be taken into account by a Welsh NHS body in discharging the revised duty of quality in the 2006 Act.
- 3.10 To fulfil the Welsh Ministers' duty to review and the power in section 47 of the 2003 to publish amended statements of standards, the Health and Care Standards (April 2015) are withdrawn and replaced with the six domains of quality and the five quality enablers as set out in this guidance. This is to reflect the inextricable relationship that exists between the duty of quality and the standards, albeit that the standards themselves relate only to the provision of "health care"¹⁶ whereas the duty of quality applies to the exercise of all functions. Accordingly, the six domains of quality and the five quality enablers have a far wider remit and will be relevant when exercising non-clinical functions, as well as clinical functions.
- 3.11 Furthermore, section 70(1) of the 2003 Act provides that the Welsh Ministers have the function of conducting reviews of, and investigations into, the provision of health care by and for Welsh NHS bodies. In practice this function is carried out by Health Inspectorate Wales (HIW) on behalf of the Welsh Ministers. Section 70(3) of the 2003 Act also imposes a specific function of conducting reviews into the arrangements made by Welsh NHS bodies for the

¹² Section 12A of the 2006 Act

¹³ Section 20A of the 2006 Act

¹⁴ Section 24A of the 2006 Act

¹⁵ [Health standards framework English \(wales.nhs.uk\)](https://www.wales.nhs.uk/health-standards-framework-english)

¹⁶ See footnote above on the definition of "health care" for the purposes of the 2003 Act

purpose of discharging the duty of quality. Section 70(3) is amended such that this relates to the revised duty of quality under the 2006 Act.

Key messages

- The key purpose of the Act is to reframe and broaden the duty of quality which was first set out in the 2003 Act
- The duty of quality set out in section 45(1) of the 2003 Act is repealed and replaced with a revised duty to secure quality in health services in the 2006 Act
- The revised duty requires that the Welsh Ministers must exercise their health-related functions with a view to secure improvement in the quality of health services
- The revised duty also requires that NHS bodies must exercise all of their functions with a view to securing improvement in the quality of health services
- The Act makes consequential amendments to section 47 and section 70 of the 2003 Act such that any standards that are issued under the 2003 Act are taken into account by an NHS body in discharging the revised duty of quality in the 2006 Act, and that the Welsh Ministers has the function of conducting reviews of the steps taken by an NHS body for the purpose of discharging the revised duty of quality. The latter function is delegated to Health Inspectorate Wales (HIW).
- The Health and Care Standards (2015) that were issued under section 47 of the 2003 Act are withdrawn and replaced with the six domains of quality and five quality enablers to reflect the inextricable relationship between the duty of quality and the standards

4. Strategic and policy context

- 4.1 A Healthier Wales: our Plan for Health and Social Care ("A Healthier Wales") sets out the vision for a whole system approach to health and social care in Wales.
- 4.2 It lays out the Welsh Government's ambitions for progress and improvement and describes the core values that underpin the NHS in Wales. These are:
 - Putting quality and safety above all else
 - Integrating improvement into everyday working
 - Focusing on prevention, health improvement and inequality
 - Working in true partnerships
 - Investing in our staff
- 4.3 The Act supports the ambitions in A Healthier Wales by setting out the requirements for the improvement in the quality of health services.
- 4.4 The Act describes that quality includes, but is not limited to, the safety and effectiveness of health services and the experience of individuals who receive health services.
- 4.5 The Welsh Government published the Quality and Safety Framework in September 2021¹⁷.
- 4.6 It provides an overview of quality principles and arrangements that need to be in place to ensure high quality services are being delivered.
- 4.7 It requires the NHS to establish effective quality management systems that focus on learning and driven by their boards. It explains how Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system that is required.
- 4.8 The intention was for the Framework to provide a steppingstone to the new duty of quality.

4.9 Figure 1

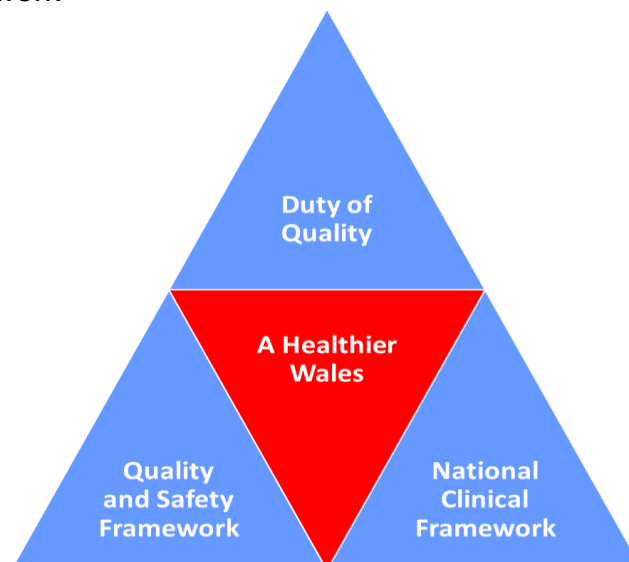
¹⁷ Welsh Government 2021 Quality and Safety Framework learning and improving. <https://gov.wales/nhs-quality-and-safety-framework>

Diagram to demonstrate the quality management cycle



4.10 Figure 2

Diagram to demonstrate the central strategic context of A Healthier Wales alongside the duty of quality, National Clinical Framework and Quality and Safety Framework



Key messages

- We must put the quality and safety of our health services above everything else
- The duty of quality influences many health-related policies and frameworks
- In turn, these also affect how we approach delivering quality in healthcare services
- Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services

5. Who does the duty of quality apply to?

5.1 The Act lists the following individuals and NHS bodies in Wales as being subject to the duty in Part 2 of the Act:

- Welsh Ministers (in relation to their health functions).
- Local Health Boards.
- NHS Trusts.
- Special Health Authorities that operate on a Wales-only basis.

5.2 The duty of quality and Welsh Ministers

The Welsh Ministers with regards to their health-related functions have responsibility for oversight of the NHS in Wales. They must ensure that health services are organised and delivered in such a way that system-wide, continuous improvement in the quality of health services is achieved.

5.3 Welsh Ministers will have to actively consider whether their decisions in relation to the health service are taken with a view to securing improvement in the quality of health services.

5.4 Welsh Ministers must ensure that national bodies with regulatory, performance management or support responsibilities have a cohesive and collaborative approach to system-wide improvement.

5.5 Welsh Ministers must issue guidance to NHS bodies in relation to the requirement to exercise of their functions with a view to securing improvement in the quality of health services, and the requirement to publish an annual report on the steps they have taken to comply with this duty. The latter is described in section 9 Reporting requirements.

5.6 Welsh Ministers will also be required to publish an annual report on the steps they have taken to comply with the duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health service and within that report to include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.

5.7 The duty of quality and NHS bodies

The NHS in Wales delivers health services through 7 Local Health Boards and 3 NHS Trusts.

5.8 The Health Boards and Trusts work in partnership with 2 Special Health Authorities – Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

5.9 Several Local Health Boards and NHS Trusts host national organisations that support the delivery of health services. In hosting the national organisations, the Local Health Boards and NHS Trusts are exercising functions in relation to the health service and therefore must do so with a view to securing

improvement in the quality of health services. Therefore, the host organisations will ultimately be caught by the duty of quality in delivering the services and should therefore have regard to the duty.

5.10 The duty of quality applies to Local Health Boards who are responsible for planning and delivering NHS services in their areas with the aims of:

- Improving physical and mental health outcomes.
- Promoting well-being.
- Reducing health inequalities across their population.
- Commissioning services from other organisations to meet the needs of their residents.

5.11 The 3 NHS Trusts and 2 SHAs have their own specific service delivery responsibilities to which the duty of quality will apply.

5.12 Accountability for compliance with the duty of quality ultimately rests with the Chief Executive of an NHS body.

5.13 Similar in approach to other legislation, it is recommended that NHS bodies designate appropriate senior leads to hold responsibility for the strategic implementation and oversight of the duty of quality. An officer member of the board should be delegated the responsibility to ensure the necessary strategic implementation and oversight. It should be noted however, that the responsibility to ensure due consideration is given to the duty of quality applies to all officer and non-officer board members whilst exercising the functions within their roles.

5.14 A designated operational lead to support the implementation of the duty of quality is also suggested.

5.15 There is a collective responsibility of all Board members to support the Chief Executive to: -

5.15.i) comply with the duty of quality by internal governance and assurance arrangements that are structured within a robust quality management system;

5.15.ii) ensure that health services are organised and delivered in such a way that system-wide, continuous improvement in the quality of health services is achieved;

5.15.iii) actively consider whether the Board's decisions will improve service quality and secure improvement in outcomes for the population;

5.15.iv) demonstrate how they have exercised their functions and improved the quality of services in accordance with the duty of quality. This is described in section 9 Quality reporting requirements.

5.16 The duty of quality applies to all health service functions in both clinical and non-clinical settings. Therefore, all staff have responsibility for complying with

the duty within their role and service function. It is a collective responsibility to comply with the duty of quality.

5.17 The duty of quality in commissioned services

It is recognised that health services may be provided across geographical boundaries through commissioning arrangements with NHS and non-NHS service providers. Local Health Boards, NHS Trusts and SHAs must exercise their functions with a view to securing improvement in the quality of health services. The NHS body that is commissioning the health service is exercising its functions and must therefore ensure it is doing so with a view to securing improvement in the quality of the health service. Regardless of who is delivering health services when they are commissioned, the duty is the responsibility of the commissioning body.

5.17.i) Services commissioned by an NHS body from another NHS body in Wales:

The NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The duty of quality is the responsibility of the commissioning body. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services. The Welsh NHS body providing services on behalf of the commissioner must also ensure that they are compliant with the duty that will also apply directly to them for the services they are providing.

5.17.ii) Services provided by primary medical, dental, optical and pharmaceutical services in Wales:

In accordance with the 2006 Act, each Local Health Board must meet all reasonable requirements to provide primary medical, dental, optical and pharmaceutical services within its area. Contractual arrangements are provided for within the 2006 Act. The duty of quality does not directly apply to primary care providers. The duty of quality rests with the Local Health Boards to secure improvement in the quality of health services, and this extends to the services that are delivered by primary care providers on behalf of the Local Health Board. Local Health Boards will wish to ensure that health services delivered by primary care providers will secure improvement in the quality of health services.

5.17.iii) Services commissioned from non-NHS bodies:

The NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The duty of quality is the responsibility of the commissioning body. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services.

5.17.iv) Services commissioned outside of Wales:

The Welsh NHS body that is commissioning the health service is exercising its functions and must ensure it is doing so with a view to securing improvement in the quality of the health service. The commissioning body will wish to ensure that health services delivered by the alternative provider will secure improvement in the quality of health services. The service provider will be responsible for the quality of health services they directly provide under the relevant jurisdiction within which the services are provided.

- 5.18 Welsh Ministers and NHS bodies have a responsibility to encourage shared learning and expertise as they progress along their quality improvement journey. Much can also be learnt from high performing care systems globally.
- 5.19 There is a need at all levels to ensure that the health system has the resources, capacity, time and autonomy needed to develop their approaches to improving quality. This is supported by the World Health Organisation's Quality health services: a planning guide in the foundational requirements for quality initiatives¹⁸.

¹⁸ World Health Organisation (2020) Quality Health Services: a planning guide
<https://www.who.int/publications/i/item/9789240011632>

Key messages

- The duty of quality applies to Welsh Ministers (in relation to their health functions)
- The duty of quality also applies to Local Health Boards, NHS Trusts and Special Health Authorities that operate on a Wales-only basis
- Accountability for the duty of quality ultimately rests with the Chief Executive of an NHS body who may designate a lead officer and senior operational lead to oversee the implementation of the duty in the organisation
- All Board members are collectively responsible for the implementation of the duty of quality
- Several Local Health Boards and NHS Trusts host national organisations that support the delivery of health services. The host national organisations will ultimately be caught by the duty of quality in delivering the services and should therefore have regard to the duty. The duty does not apply directly to primary care providers, non-NHS providers of health services or to NHS providers outside of Wales
- The NHS bodies are responsible for exercising their functions with a view to securing improvement in the quality of health services. This includes services that they commission from other providers
- The duty of quality will ensure that health services are organised and delivered in a way that seeks to secure continuous improvement in quality and improves outcomes for the population
- Welsh Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and improve outcomes
- Welsh Ministers and NHS bodies will need to be able to demonstrate, supported by evidence, how they have complied with the duty of quality
- All staff have a role in achieving improved service quality; the duty of quality applies to all health service functions in both clinical and non-clinical settings
- System-wide learning and sharing is actively encouraged

6. Defining quality

- 6.1 Numerous definitions of quality relating to health and care services have been described by various global organisations, including the Institute for Healthcare Improvement¹⁹ and World Health Organisation²⁰.
- 6.2 For Welsh Ministers regarding their health-related functions and NHS bodies, quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable and person-centred**²¹.
- 6.3 NHS bodies and Welsh Ministers will need to continually seek to understand the needs of their population to inform their decision-making and secure improvement in outcomes. The population too, will have their own part to play to inform the process.

6.4 Domains of quality

Welsh Ministers and NHS bodies should ensure the decisions they make deliver care that is **safe, timely, effective, efficient, equitable and person-centred**. These quality dimensions (so-called STEEEP) provide a framework to assess quality and guide improvement. Therefore, it is important to explain what the quality dimensions aspire to achieve and what we intend them to mean in Wales as part of the duty of quality.

6.4.1 Safe

Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce,

¹⁹ Sampath B, Rakover J, Baldoza K, Mate K, Lenoci-Edwards J, Barker P. Whole System Quality: A Unified Approach to Building Responsive, Resilient Health Care Systems. IHI White Paper. Boston: Institute for Healthcare Improvement; 2021. <https://www.ihl.org/resources/Pages/IHIWhitePapers/whole-system-quality.aspx>.

²⁰ WHO (2020) Quality health services: a planning guide <https://www.who.int/publications/i/item/9789240011632>

²¹ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press; 2001.

6.4.2 Timely

Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.

6.4.3 Effective

Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.

6.4.4 Efficient

Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.

6.4.5 Equitable

Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

6.4.6 Person-centred

Person-centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.

6.5 Quality enablers

A system-wide approach to quality requires a culture that embeds continuous learning and improvement at its heart. This should be underpinned by a clear definition and understanding of what good looks like utilising national and benchmarked standards, peer review and audit.

6.6 Learning from internationally recognised organisations that have well-established and effective approaches to quality provides a blueprint for what good quality should look like. The quality enablers underpin and influence this blueprint to ensure a system-wide approach to improving quality.

6.7 Experience has shown that maturing and embedding these concepts can take a number of years. It is recognised that there has been a positive culture with quality being “at the heart of the Welsh health system”²².

6.8 The quality enablers that underpin this blueprint to ensure a system-wide approach to improving quality are:

6.8.1 Leadership

Leadership

Embed a clear vision for the organisation that creates the conditions for a functioning quality management system ensuring that governance, leadership and accountability are fully matured and embedded.

Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our

²² Organisation for Economic Co-operations and Development (OECD) Reviews of Health Care Quality: United Kingdom 2016: Raising Standards at <https://www.who.int/publications/i/item/9789240011632>

governance, leadership and accountability is effective in sustainably delivering care within which the domains of quality are embedded.

6.8.2 Culture and valuing people

Culture and valuing people

Create a culture across the organisation that encourages quality and system safety in a supportive, inclusive, collaborative way that welcomes the sharing of new ideas and raising of concerns.

Our health care system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture. Our workforce is inclusive, engaged, sustainable, flexible and responsive.

6.8.3 Data to knowledge

Data to knowledge

Triangulate data into information and knowledge to develop an understanding of the quality of services which will inform learning, strategic decision-making and guide quality improvement.

Our health care system ensures information is available and shared appropriately for all who need it. We use information to triangulate quantitative, qualitative, performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators and measures through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.

6.8.4 Learning, improvement and research

Learning, improvement and research

Create and embed opportunities for system-wide learning from quality improvement to deliver improved quality services and outcomes for the population.

Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.

6.8.5 Whole-systems perspective

Whole-systems perspective

Commit to improved quality across the healthcare system by learning from quality planning, quality control and quality improvement activities to deliver the goal of improved outcomes for the population.

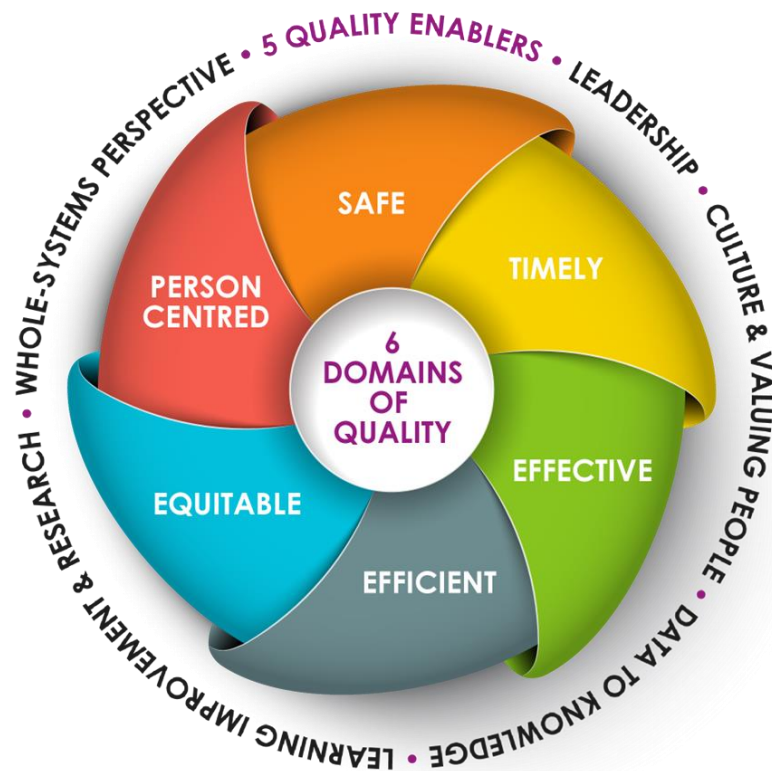
Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all of our partners to achieve the outcomes expected across the domains of quality. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

- 6.8.6 The five quality enablers complement the implementation of a methodology and approach to managing quality, as set out in the Quality and Safety Framework (2021).
- 6.8.7 Welsh language needs and choice of people must be considered through the quality lens. See also section 11.
- 6.8.8 The insights, learning and expertise created within NHS organisations across primary, community and secondary care will drive improvements in quality

within Regional Partnership Board footprints and accelerate efforts to improve quality across the whole health and care system in NHS Wales.

6.9 Figure 3

Diagram to illustrate the six domains of quality supported by the five quality enablers.



Key messages

- Quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve
- Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable and person-centred**
- These quality dimensions (so-called STEEEP) provide a framework to assess quality and guide improvement
- Quality enablers have been identified which underpin and influence a blueprint to ensure a system-wide approach to improving quality
- The quality enablers are **leadership; culture and valuing people; data to knowledge; learning, improvement and research and whole-systems perspective**
- Maturing and embedding the quality management system takes time, vision, ambition, and an active commitment to learning and improving

7. Quality Standards

- 7.1 Section 47(1) of the 2003 Act permits the Welsh Ministers to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Ministers are required to keep the standards under review and may publish amended statements whenever it considers appropriate. The last standards were published under this provision in April 2015.²³
- 7.2 Section 47(4) of the 2003 Act (as amended by Part 2 of the 2006 Act) requires that the standards set out in statements are to be taken into account by a Welsh NHS body in discharging its duty of quality in the 2006 Act. Accordingly, there is an inextricable relationship that exists between the duty of quality and the standards issued under section 47(1) and such standards should therefore align with and support the duty of quality. In developing the Duty of Quality Guidance and reviewing the April 2015 Standards the Welsh Ministers have withdrawn the Health and Care Standards (April 2015) and replaced them with the Quality Standards 2023 (i.e. the six domains of quality and the five quality enablers) as set out in section 6 of this guidance. This change is being made as the introduction of the Duty of Quality provides an opportunity to directly align the standards not only with the duty but with wider quality management practice in health. The domains as described in this guidance are widely used in health care and are being implemented in the wider Welsh health system. Feedback from stakeholders indicates the 2015 Standards are overly detailed, often secondary care specific and limited in their relevance to the wide range of services provided by the integrated health boards. The new Quality Standards 2023 are designed to simplify the requirements and be flexible with the wide remit of the Duty of Quality.
- 7.3 Health Inspectorate Wales (who exercise functions on behalf of the Welsh Ministers) will also have to take these standards into account for the purpose of undertaking reviews and investigations relating to Wales under section 70 of the 2003 Act. Therefore, the six domains of quality together with the five quality enablers provide a high-level framework for describing, implementing and monitoring the duty of quality, as well as comprising the high-level Quality Standards 2023 that people in Wales can expect when they access health services.
- 7.4 The Quality Standards 2023 provide a structure on which to implement the duty of quality, whether at a national policy level or by service providers. NHS bodies should be aware that whilst the standards issued under the 2003 Act relate to the provision of “health care” by and for Welsh NHS bodies, the duty of quality applies to the exercise of all functions in relation to the health service. Accordingly, the six domains of quality and the five quality enablers have a far wider remit in the context of the duty of quality as a whole and will be relevant in all clinical and non-clinical services and settings.

²³ [Health standards framework english \(wales.nhs.uk\)](https://www.wales.nhs.uk/health-standards-framework-english)

- 7.5 It should be noted that A Healthier Wales introduced 'quality statements' to describe the outcomes and standards expected in high quality, person-focussed services, setting out the ambitions to be delivered consistently across Wales.
- 7.6 This was further described in the National Clinical Framework. It explained that quality statements will set out the policy expectations for the future planning and accountability arrangements for the NHS in Wales.
- 7.7 The expectation is that service specifications will be developed through the NHS Executive structures to form the NHS response to quality statements in due course.

Key messages

- **Welsh Ministers have a duty to review standards issued under section 47 of the 2003 Act and may publish amended statements of standards whenever it considers appropriate**
- **The Health and Care Standards (2015) are withdrawn and replaced with the six domains of quality and five quality enablers collectively called the Quality Standards 2023 to reflect the inextricable relationship between the duty of quality and the standards**
- **The new Quality Standards 2023 simplify the framework so it can be widely and flexibly applied and also directly align the standards to the duty.**
- **The six domains of quality and five quality enablers set out the high-level standards that people in Wales can expect when they access health services**
- **The wide remit of the six domains of quality and five quality enablers is intended to provide a structure on which to implement the duty of quality whether at national policy level or by service providers and are intended to apply to all clinical and non-clinical services and settings**
- **Quality statements were introduced in 'A Healthier Wales'; they set out policy direction and expectations. Service specifications will be developed as the NHS response to the quality statements. This will be coordinated through the NHS Executive structures in due course**
- **It is anticipated that the duty of quality through the six domains of quality and five quality enablers will complement each other to ensure a collaborative approach to improving the quality of our services to achieve better outcomes for the population**

8. Meeting the duty of quality

8.1 The duty of quality requires:

8.1.1) Welsh Ministers to exercise their functions in relation to the health service with a view to securing improvement in quality of health services.

8.2 Each Local Health Board, NHS Trust and Wales-only Special Health Authority to exercise their functions with a view to securing improvement in the quality of health services. This means that the duty of quality requires the Welsh Ministers (in respect of its functions in relation to the health service) and NHS bodies (in respect of all its functions) to:

8.2.1) Ensure that all strategic decisions are made through the lens of improving the quality of health services and outcomes for the population.

8.2.2) Exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis.

8.2.3) Actively monitor progress on the improvement of quality services and outcomes and routinely share this information with their population.

8.2.4) Strengthen governance arrangements by reporting annually on the steps taken to comply with the duty of quality and assess the extent of improvements in outcomes.

8.2.5) Ensure that NHS organisations develop their quality management system with appropriate focus on quality control, quality planning, quality improvement and quality assurance with the aim of achieving a learning and improving environment; and Create a culture of quality within organisations.

8.3 NHS bodies will have regard to the Quality Standards 2023 described in this guidance and issued under section 47(1) of the 2003 Act.

8.4 Furthermore, there are six steps that an NHS body should take to plan, deliver and sustain the necessary focus on improving quality, which should be underpinned by a clear understanding of what good quality looks like for the organisation²⁴:

8.4.1) Securing Board support

The Board has collective responsibility for ensuring the duty of quality is delivered and they must demonstrate this in their actions and behaviours. They must demonstrate their long-term commitment to improving quality when setting

24 The Health Foundation (2019) The improvement journey: Why organisation-wide improvement in health care matters, and how to get started <https://www.health.org.uk/publications/reports/the-improvement-journey>

the strategic direction and seeking assurance of delivery. This should be underpinned by a willingness and financial support to develop the skills and infrastructure for implementation. The Board should prioritise national and regional initiatives along with recommendations that fit the organisation's way of working. The Board needs to ensure they adhere to the duty of quality in their decision-making and seek assurance with regard to decisions made by others.

8.4.2) Assessing readiness

There needs to be system-wide understanding of what good quality looks like for the broad range of services. NHS bodies should understand their 'readiness for change' to be clear about where the capability gaps are and have a plan to address them. They should use regular assessments, investigations and measurement over time to identify areas to improve quality. The NHS body should consider psychological readiness in addition to having the infrastructure, governance, system understanding and leadership in place for change.

8.4.3) Securing wider organisational buy-in and co-creating a vision

NHS bodies should create a compelling vision for improved quality that is recognised and intrinsically motivates staff at each level of the organisation. A culture of distributed leadership gives staff at all levels the permission, opportunity and confidence to test new ideas to improve quality that are aligned to the organisation's vision. Leaders should champion improvements in quality that are strategically aligned, driven and owned by the teams responsible for delivering health services.

8.4.4) Developing improvement skills and infrastructure

NHS bodies need a systematic approach to managing quality that includes building improvement capability to ensure teams at each level of the organisation have the general and specialist improvement skills needed. This should be accompanied by a suite of measures and a system that collects, analyses and feeds back on the impact of the improvements. Standard operating models to standardise core processes and activities should also be developed to address variations in quality.

8.4.5) Aligning and coordinating activity

NHS bodies need to ensure that initiatives to improve quality are consistent with their overall strategy and mission and barriers are identified and unlocked. A leader with oversight of all the organisation's activity should ensure that all strands of activity align over time. They should ensure that learning from success and weaker areas continue to shape the improvements in quality that are required.

8.4.6) Sustaining an organisation-wide approach

NHS bodies must invest in maintaining the momentum for improvements in quality and recognise that this is a longer-term journey. A focus on early wins shifts to the challenge of maintaining success and continuing to engage staff and stakeholders, with the Board managing expectations and supporting staff to maintain a focus on improvements aligned to the organisation's purpose. The Board should seek assurance that quality improvement activities are sustainable with appropriate assurance mechanisms to maintain the improvements.

8.5 Examples of awards or certification programmes that recognise organisations for their quality efforts will be available in supporting resources. These examples will act as a helpful roadmap for NHS bodies to work through these six steps of the improvement journey.

Key messages

- **Welsh Ministers must exercise their functions in relation to the health service with a view to secure improved quality of health services**
- **NHS bodies must exercise its functions with a view to securing improvement in the quality of health services**
- **Welsh Ministers and NHS bodies will need to ensure that strategic decisions are made through a quality lens**
- **Welsh Ministers and NHS bodies must exercise their functions in a way that considers improvement in quality and outcomes on an ongoing basis**
- **The focus must be on improving the quality of services and outcomes for the population**
- **NHS bodies should develop their quality management system and create a culture of quality within their organisations**
- **There are six steps an NHS body should take to plan and sustain the focus on improving quality, underpinned by a clear understanding of what good quality looks like for the organisation. These are:**
 1. **Securing Board support**
 2. **Assessing readiness**
 3. **Securing wider organisational buy-in and co-creating a vision**
 4. **Developing improvement skills and infrastructure**
 5. **Aligning and coordinating activity**
 6. **Sustaining an organisation-wide approach**

9. Quality reporting requirements

- 9.1 The Welsh Ministers are required to publish an annual report on the steps they have taken to comply with the duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps, and the Welsh Ministers must lay a copy of the report before the Senedd.
- 9.2 Each Local Health Board, NHS Trust and Wales-only Special Health Authority is required to publish an annual report on the steps it has taken to comply with the duty to exercise its functions with a view to securing improvement in the quality of health services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps. This section of the guidance provides detail on the requirement to publish an annual report, the evidence to be used in support of an assessment and in the conduct of an assessment.
- 9.21 The annual report allows actions taken by Welsh Ministers and NHS bodies and quality improvements to be monitored transparently. NHS bodies should describe the progress and challenges on their quality journey to their population and stakeholders. Quality reporting needs to be meaningful for NHS bodies, their stakeholders and our population if it is to optimise real time learning, improvement and sharing opportunities. Quality reporting should also reflect the breadth of the domains of quality, quality enablers and quality management system within its structure and content.
- 9.3 In addition to the annual reporting requirement, it is proposed that NHS bodies develop a so-called ‘always on’ reporting mechanism. ‘Always on’ means that organisations collate, monitor and make information about the quality of their services readily available to their population.
- ‘Always on’ reporting requires organisations to have a whole system approach to the routine use of information across their quality management system. ‘Always on’ encourages recognition and sharing of good practice and early escalation and intervention when signals suggest that action is necessary.
- 9.4 NHS bodies may choose to use various qualitative and quantitative data and information to support their quality reporting duty. They should focus on information that will demonstrate the duty of quality in decision-making, action taken following learning, quality improvement and ultimately, improved outcomes for the population. The six domains of quality, five quality enablers and quality management system components provide a quality report structure.
- 9.5 It is recognised that there is already significant work underway across the health system relating to indicators and measures. The intention is that NHS bodies

will make use of information and reporting mechanisms already in place wherever possible. They will need to adopt an agile approach to mature their quality report as outcome measures develop, aligned to the six domains of quality and five quality enablers.

- 9.6 The annual quality report is intended to summarise and reflect an NHS body's progress to improve the quality of their services and population outcomes. It is anticipated that NHS bodies will sign-post readers to the information provided through the 'Always on' reports that outline learning and improvements that have been made at regular intervals through the year.
- 9.7 The annual quality report should include a look back at what has been achieved, including where things may not have gone well, together with a forward look about the organisation's quality priorities and ambitions for the upcoming year, alongside how progress will be monitored. There should be continuity between annual reports across subsequent years.
- 9.8 The annual quality report will describe what key strategic decisions have been taken by the NHS body, and how the duty of quality has informed these decisions.
- 9.9 The annual quality report should be prepared as soon as practicable after the end of each financial year. To streamline reporting requirements and reduce duplication, it is suggested that NHS bodies align the annual quality report to their Annual Report and Accounts process.
- 9.10 Additional information will be available in a supplementary reporting framework, as a supporting resource.

9.11 Examples of evidence to be used to assess the duty of quality and improvement in outcomes includes:

- 9.11.1) Existing performance, outcome and delivery indicators and measures from the QMS
- 9.11.2) Patient Reported Outcome Measures and Patient Reported Experience Measures (PROMS and PREMS)
- 9.11.3) Mortality data
- 9.11.4) Information contained within the Once for Wales Concerns Management System such as incidents and concerns
- 9.11.5) Patient and staff stories
- 9.11.6) Strategic decision-making that has been driven by the quality principles outlined in this guidance
- 9.11.7) Reports following external reviews or inspections by inspectorate and licensing bodies

9.11.8) Consideration of the recommendations and implications of significant national reports, for example, following national inquiries

9.11.9) It should be noted that this list provides illustrative examples and is not exhaustive

9.12 NHS bodies will conduct the assessment of the extent of any improvement in outcomes achieved through:

9.12.1) Self-assessment

9.12.2) Peer review and feedback

9.12.3) National clinical audit

9.12.4) Internal audit

9.12.5) External review, for example, Wales Audit Office

9.12.6) Inspections, for example, Healthcare Inspectorate Wales

9.12.7) It should be noted that this list provides illustrative examples and is not exhaustive

9.13 Information about the provision of services through the Welsh language should be included in quality reports. Uptake of the Active Offer and capturing people's experience through patient and staff stories provide monitoring opportunities through quality reporting requirements.

9.14 It is important to ensure that UK General Data Protection Regulation (UK GDPR) is adhered to when accessing and processing information to prepare for the duty of quality reports.

Key messages

- **Welsh Ministers and NHS bodies must exercise their functions with a view to secure improved quality of health services**
- **Welsh Ministers and NHS bodies must publish an annual quality report that sets out the steps they have taken to secure improved quality of health services**
- **The annual quality report must include an assessment of the extent of any improvement in outcomes achieved**
- **This Guidance sets out information about the conduct of this assessment and evidence to support it, as well as the requirement to submit an annual report**
- **Annual quality reports must be a transparent reflection of progress and challenges on the quality journey. Forthcoming quality priorities and how they will be monitored should be set out**
- **The annual quality report must assess any improvement in outcomes**
- **It should demonstrate how the duty of quality has informed strategic decision-making**
- **It should outline action taken as a result of learning and describe how that has been shared**
- **The annual quality report should be prepared as soon as practicable after the end of the financial year to coincide with the Annual Report and Accounts process**
- **It is recognised that data to support the quality reporting process is a developing area and it will take time for a suite of outcome measures to be in place. Therefore, an agile approach to use of indicators and measures will be required**
- **In addition to annual quality reporting, NHS bodies are encouraged to develop an ‘always on’ reporting process where they collate, monitor and share quality information with their population at regular intervals during the year**
- **‘Always on’ reporting promotes routine use of information to inform decision-making and quality improvement. It helps with recognition and sharing of good practice as well as allowing early escalation and intervention when action is necessary**

10. Decision-making, monitoring and assurance

- 10.1 The duty of quality requires the Welsh Ministers and NHS bodies to think and act differently by applying the concept of quality across all functions within the context of the health services and health needs of their populations.
- 10.2 The duty requires quality-driven decision-making and planning to ultimately deliver better outcomes for all people who require health services. It means involving people in decisions that affect them and balancing short-term needs with planning for the longer-term; it requires action to prevent problems occurring or getting worse.
- 10.3 It needs a system-wide approach with acknowledgement that the duty of quality is a collective responsibility.
- 10.4 The focus of the duty of quality is on learning and improving, not on punitive sanctions when those to whom the duty applies fall short in their implementation of it.
- 10.5 However, NHS bodies must consider how effective implementation and monitoring of the duty of quality can be integrated into existing corporate governance frameworks, processes and procedures. This includes existing performance and quality reports.
- 10.6 When designing or introducing new structures and processes it will be necessary to embed the duty of quality within them.
- 10.7 When considering review processes and assurance mechanisms they must also take account of the duty of quality. This includes, for example, planning of the annual internal audit and clinical audit programmes.
- 10.8 In respect of NHS bodies, the Board will be required to seek assurance that the duty of quality is being appropriately discharged as a system-wide and collective responsibility. As such, it is for all committees to report to the Board regarding the duty of quality; it is not only for the quality and safety committee.
- 10.9 In seeking assurance in NHS bodies, the committees will look to ensure that sustainable quality improvement is being made and quality improvements are maintained.
- 10.10 When the Board considers and agrees the Board Assurance Framework and strategic risk register, it will also have due regard to meeting the duty of quality.
- 10.11 Implementation of, and compliance with the duty will be scheduled for discussion at quality and delivery group meetings between Welsh Government and individual NHS bodies, the national quality and delivery group and will inform the Joint Executive Team (JET) meetings and the Minister for Health and Social Service's appraisals with the Chairs of Health Boards, Trusts and Special Health Authorities.

- 10.12 The Welsh Government will monitor the content of annual quality reports alongside other sources of information which will help triangulate the application of the duty across policy areas.
- 10.13 Compliance with the duty will also form part of the matters considered by Healthcare Inspectorate Wales (HIW) when inspecting and reviewing the provision of health care.
- 10.14 The annual quality report and ‘always on’ approach provides information to the public, the Welsh Government and other key partners about the duty to ensure transparency and accessibility to information about the implementation of the duty of quality.

Key messages

- **The duty of quality requires Welsh Ministers and NHS bodies to ensure quality-driven decision-making and planning is in place to ultimately deliver better outcomes for all people who require health services**
- **Quality needs to be system-wide; applied across all clinical and non-clinical services within the context of the well-being and health needs of the population**
- **The focus is on learning and improvement rather than punitive sanctions when the duty of quality has been compromised**
- **The duty must be integrated into existing corporate procedures, including but not limited to, planning, performance, quality, Internal Audit reviews**
- **It must be embedded within all structures and processes that are established**
- **The Board will be required to seek assurance that the duty of quality is being appropriately discharged as a system-wide and collective responsibility**
- **The Board will need to seek assurance that sustainable quality improvement is being made, with appropriate assurance mechanisms in place to ensure that quality improvements are maintained**
- **When the Board considers and agrees the Board Assurance Framework and strategic risk register, it will also have due regard to meeting the duty of quality**
- **Compliance with the duty of quality will be monitored. It will be integrated into existing monitoring mechanisms. The various monitoring mechanisms across the health system must embed the duty of quality within their processes**
- **The annual quality report and ‘always on’ approach will be integral to the monitoring process to ensure the duty of quality is being delivered**

11. Welsh Language

- 11.1 It is recognised that health services in Wales are delivered within a bilingual nation.
- 11.2 More than just words is the Welsh Government's plan to strengthen Welsh language provision in health and social care. Its aim is to support Welsh-speakers to receive services in their first language, because receiving services in Welsh should be an integral part of person-centred care.
- 11.3 The ambition is to Actively Offer people their care in Welsh. It is the responsibility on health and social providers to offer services in Welsh rather than people having to request it.
- 11.4 Being able to access services in the Welsh language makes a significant positive difference to the quality of the overall experience and health and well-being outcomes for many Welsh-speakers.
- 11.5 People have reported that it can be difficult to access services they need in the Welsh language and can feel reluctant to ask if Welsh-language services are not offered.
- 11.6 The Welsh Government's plan to strengthen the provision of Welsh language in health and social care aligns to the duty of quality. It is important for Welsh language considerations to be embedded in culture and leadership, quality planning, supporting and developing the skills of the workforce and sharing best practice through an enabling approach.
- 11.7 Welsh language requirements must also be considered through the lens of the six quality domains and as an integral component of the quality management system.
- 11.8 Welsh language must also be included in quality reports. Uptake of the Active Offer and capturing people's experience through patient and staff stories provide monitoring opportunities through quality reporting requirements.

Key messages

- **Being able to access services in the Welsh language makes a significant positive difference to the overall experience for many Welsh-speakers**
- **Being able to access services in the Welsh language can improve the quality, safety and outcomes for Welsh-speakers**
- **Welsh language considerations must be embedded in the culture of quality**
- **Welsh language responsibilities must be embedded in quality reports**

12. Conclusion

- 12.1 The fundamental intention of the duty of quality is to build on the positive culture of quality at the heart of the Welsh health system.
- 12.2 The duty of quality strengthens system-wide decision-making, action, improvement with the intention of ultimately improving outcomes for the population.
- 12.3 The duty of quality applies to Welsh Ministers with regards to their health-related functions and NHS bodies (Local Health Boards, NHS Trusts and Special Health Authorities that operate on a Wales-only basis).
- 12.4 The duty of quality does not directly apply to primary care services or non-NHS providers of health services. The NHS body that directly provides or commissions the service holds the duty of quality responsibility.
- 12.5 Whilst accountability for implementing the duty of quality ultimately rests with the Welsh Ministers and Chief Executive of an NHS body, responsibility for operational implementation and oversight may be delegated to appropriate leaders.
- 12.6 Implementation of the duty of quality is a collective responsibility. It applies to everyone in clinical and non-clinical services, including Welsh Government policy makers.
- 12.7 The guidance provides a definition for quality. It outlines a framework through which quality can be assessed and improved using the six domains of quality and five quality enablers. The domains and enablers in turn support the maturing of our quality management systems.
- 12.8 The quality domains and enablers are high level aspirations that describe what people in Wales can expect when they access health services. To directly align the standards with the duty as well as the wider quality management system, the Health and Care Standard (April 2015) are being removed and replaced with the quality domains and enablers in this guidance collectively called the Quality Standards 2023.
- 12.9 There are several steps an organisation should take to prepare to meet the duty of quality²⁵.
- 12.10 Welsh Ministers with regards to their health-related functions and NHS bodies will be placed under a duty to report on the steps they have taken to comply with the duty of quality on an annual basis.

²⁵ The Health Foundation (2019) The improvement journey: Why organisation-wide improvement in health care matters, and how to get started <https://www.health.org.uk/publications/reports/the-improvement-journey>

- 12.11 NHS bodies should develop a so-called 'always on' reporting mechanism to provide timely information about the quality of their services to their population.
- 12.12 Welsh Ministers and NHS bodies must ensure the effective implementation and monitoring of the duty of quality. It must be integrated into existing governance frameworks, processes and procedures with regular updates to the relevant committees and board meetings for assurance purposes.
- 12.13 Welsh language considerations must be embedded in the culture of quality.
- 12.14 It is acknowledged that culture change takes time. Developing the infrastructure to progress 'always on' quality reporting with appropriate outcome-focused measures will need to be an agile and iterative process. The duty of quality is closely aligned to other policy areas that are developing over different timeframes; this has influence over the implementation of the duty.
- 12.15 Essentially however, principles of quality improvement methodology will need to be robustly in place for Welsh Ministers and NHS bodies to build quality as a broad system-wide way of working that is embedded in a culture of continuous learning and improvement.
- 12.16 Our active and heightened efforts to ensure a relentless focus on quality and safety, as a priority above all else, are needed more than ever in the history of the NHS.



GIG
CYMRU
NHS
WALES

Y Weithrediaeth
Executive

Annual Quality Reports 2024/25

Review & Learning

Andy Long – Quality Assurance

Review Process

Step 1

NHS Exec sought annual reports online to test ease of access

Organisations provided the NHS exec with copies of reports where required

Step 2

The NHS Exec conducted a review of all quality annual reports to identify what had worked & what had not worked

Step 3

National workshop session with representatives from all organisations for them to identify what worked well/what did not work well/what will they do differently next time

Learning identified to take forward into the 2024/25 Quality Annual Reports

Review of Duty of Quality Annual reports 2023/24

What worked well - Review

All organisations completed a published annual quality report

Some good use of infographics across the reports

Many reports were structured around the new quality standards

Some took the opportunity to embed short videos

Some reports included the use of patient stories

Strong internal collaboration, coordination and buy in at senior levels

Effective internal resourcing to support the development of the reports

What did not work well - Review

Reports very long – average of 50 pages across all reports

Quite technical in focus – key audience is Wales citizens.

Reports very much reflected being of benefit to internal audiences – NHS/WG

Not all reports were easily accessible – hard to find on organisation websites

Not enough use of patient stories across the reports

Constructing the reports often collided with other annual report writing – competing priorities for Q&S teams

First time and often no critical friend to help guide and steer the content and format of the reports – no template to follow

Translating the reports challenging – citizens voice

What would you do differently next time - Learning

Think more about the primary target audience – citizens

Use more visuals to help make reports an easy read and drawing the audience into key focus areas – learn from the big 5 audit companies

Use peoples experience feedback more – learning from complaints/experience surveys etc.

Collaborate more with organisations like Llias to help advise on how best structure reports best for citizens

Engage with comms teams to help create more visual reports

Gain an understanding on how many times the 2023/24 reports have been accessed and get feedback

Next Steps



National DoQ Network to transition to a community of practice.



The community of practice agreed an early focus will be a peer support process to constructing the 2024/25 Quality Annual reports using the learning identified & sharing best practice.



Accessible & easy to understand 2024/25 Quality Annual reports for the citizens of Wales.